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KENT COUNTY COUNCIL.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1946

BY

A. ELLIOTT, M.D., D.P.H.

County Medical Officer of Health.

Printed by

F. A. CLEMENTS (Chatham) LTD., 399 HIGH STREET, CHATHAM

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CONTENTS

<i>Prefatory Letter</i>	3
<i>Members of Public Health Committee, 1947</i>	6
VITAL STATISTICS	7
NOTIFIABLE INFECTIOUS DISEASES	9
NON-NOTIFIABLE DISEASES	10
PREVENTION OF BLINDNESS	11
MATERNITY AND CHILD WELFARE... ..	12
Care of Illegitimate Children	13
Care of Premature Infants	15
Home Helps	15
Day Nurseries	15
Residential Nurseries	16
Diphtheria Immunisation	16
Dental Treatment	17
Infantile Mortality	17
Maternal Mortality	17
Puerperal Infection, etc.	18
TUBERCULOSIS SERVICES	20
ORTHOPAEDIC SERVICE	27
COUNTY PATHOLOGICAL LABORATORIES	28
HOSPITAL SERVICES	30
VENEREAL DISEASES	35
VARIOUS STATISTICAL TABLES	43

PUBLIC HEALTH DEPARTMENT
COUNTY HALL, MAIDSTONE

12th September, 1947.

To the Chairman and Members of the Kent County Council.

I have the honour to submit my report on the Public Health and Sanitary conditions in the Administrative County of Kent, for the year ended December 31st, 1946.

In my Annual Report for 1945, I set out in detail the effects, on the health services of the Council, of the National Health Service Act which received the Royal Assent in November 1946 and will, in general, operate as from July 5th, 1948. It is appropriate, however, to repeat, as a broad statement of principle, that the effect of the Act will be to remove from the County Council the control of services relating to curative medicine and to make it mainly responsible for the discharge of functions relating to preventive medicine. This separation of curative from preventive services and domiciliary from institutional services reverses the trend of the past years, where many major local authorities have worked to build up their hospital and institutional services and associate them with the non-hospital health services. Provision is, however, to be made in the administrative arrangements for a close association between the general practitioner services, administered by Executive Councils, and the hospital and specialist services administered by the Regional Hospital Boards. So far as the County Council is concerned, the additional responsibilities which fall to be undertaken after the appointed day will provide an extensive and fruitful field of work.

The year 1946 was the first complete year that all the general hospital services of the Council were administered by the Public Health Committee and nearly 33,000 in-patients received treatment. It is interesting to note that, in 1938, the same hospitals only treated some 15,000 in-patients. During the intervening years, great advances have been made in the range and scope of treatment provided in the Council's hospitals, particularly in building up specialist facilities and extensive out-patient services. It is unfortunate to have to record that difficulties in the recruitment of nursing staff have hampered the continued development of the hospital services but the position during the year in relation to the recruitment of domestic staff showed considerable improvement. In spite of staffing difficulties, the hospital and institutional services now provided by the Public Health Committee have made great contributions towards the welfare of the community. During the year a detailed review was undertaken in each establishment of all the building proposals that had been approved by the Council and an opportunity was taken of bringing up to date the needs of each establishment, in order that the working and residential conditions of the staff should be in accord with modern requirements. Of a building programme valued at over one million pounds, only some £70,000 worth of work could be done during the year, and it will therefore be appreciated that it will be a number of years before any large scale expansion of hospital services can be attempted, since the majority of the building works covered in the present programme relate mainly to the improvement of existing hospitals with an increase in maternity accommodation. The County Hospitals at Dartford and Chatham are to have an increase in their existing maternity units to provide an extra 45 beds, while building work is now in progress to provide 20 beds at the County Hospital, Dover. In conjunction with the City Council of Canterbury, financial arrangements have been made with the Board of Governors to provide for an extension of the existing maternity unit at the Kent & Canterbury Hospital. In addition to the provision of the new maternity unit at the County Hospital, Dover, maternity accommodation has been made available at the Royal Victoria Hospital, Folkestone and the Willesborough Hospital, to serve the South East part of the County.

Reference is made in the body of the report to the Public Health Committee's action during the year in commencing the scheme for the appointment of a number of whole-time senior medical officers of consultant rank who, in addition to being in charge of hospital departments or units, also have supervisory and advisory responsibilities in regard to the Council's non-hospital health services. Towards the end of the year, a start had already been made in regard to the orthopaedic and child health services. With regard to the former, the non-hospital clinic services which are now being provided have trebled the facilities which were available prior to the war, and a close association is maintained with the orthopaedic unit for long-stay patients at the County Hospital, Pembury.

During the year one patient suffering from smallpox was admitted to the Council's hospital at Dislingbury. The arrangements for the institutional treatment of smallpox in Kent are unusual, in that the West Kent Joint Hospital Board and the London County Council undertake the responsibility for dealing with patients from a number of County Districts in North West Kent, while the County Council undertook, as a temporary measure, in 1943 to be responsible for the remainder of the County. This was done by leasing the Dislingbury Hospital from the Joint Board which had been previously responsible for its administration, and making arrangements to staff it by volunteers from the general hospitals maintained by the Public Health Committee. Although this was the first occasion the hospital had been used, the arrangements worked well and the patient, suffering from major smallpox, modified by vaccination in infancy, was discharged cured.

One of the greatest problems that arose in the administration of hospital and institutional services during the year, concerned the provision of proper accommodation for the chronic sick, i.e. those patients who, while not needing the resources of a general hospital, require medical and nursing care. In spite of the efforts made in the recruitment and training of assistant nurses, many hundreds of patients could not be found accommodation, and there is no doubt that the present inability of the social services to make adequate provision for this class of patient is the cause of great suffering and hardship. In the Council's chronic sick establishments, every effort is made to provide as high a standard of care as is possible, but the shortage of staff in many of these establishments hampers large scale efforts at rehabilitation.

During the year, an expansion of tuberculosis dispensary services was necessary, by reason of the increase of population in East Kent, but the shortage of nursing staff caused grave difficulties in arranging for institutional treatment for patients suffering from pulmonary tuberculosis. A special difficulty relates to the shortage of facilities for major chest surgery. Certain highly specialized forms of chest surgery do, in selected patients, offer excellent prospects of cure, and it is unfortunate that the facilities which are now available are by no means equal to the demand. The effect of this is that many patients have to wait for considerable periods of time before being transferred to a special surgical unit, and this, in turn, means that beds occupied in sanatoria and tuberculosis hospitals are not available to other patients on the waiting list. Under the re-organization of services which will no doubt be carried out by the four Regional Hospital Boards covering London and the Home Counties, a strong case can be made out for early consideration to be given to an increase in the number of beds now available for major thoracic surgery.

The year 1946 was the tenth year of the operation of the County Midwifery Service. In August, 1937, 114 whole-time midwives were appointed to the Council's staff. With the exception of the Boroughs of Gillingham and Bromley, the County Council is responsible for seeing that a whole-time salaried domiciliary midwifery service is provided in accordance with the requirements of the Midwives Act, 1936. The present position is that there are 103 full-time midwives in the Council's employment, as against 114 in 1937, and it will be appreciated that, with the increase in the number of births which has taken place since, this service has had to face grave difficulties. It is true that the increase in institutional maternity accommodation which has been provided has made some contribution, but the fact remains that the County midwives have been called upon to undertake far heavier responsibilities than was ever contemplated when the County Midwifery Service was created. In 1945 the number of domiciliary births in the Administrative County was 9,979, and in 1946 this figure had risen to 13,030. In these two years the County midwives attended 5,830 and 7,692 domiciliary births respectively. In addition to the whole-time County midwives, there are 98 District Nursing Associations, who undertake to provide midwifery services, in the main by the employment of midwives who also do district nursing, as agents of the County Council. It is invidious to compare the standards of work in the various branches of the many health activities provided by the Public Health Committee, but I think that I should record the admirable way in which the County Midwives have worked and pay tribute to the high standard of achievement. Eighty midwives at present use cars for their official work, and approval has now been given to each County midwife using a car on duty. This was undertaken, not only to help the midwife but also to make easier the transport of apparatus for gas/-air analgesia. On the basis of present organization, every midwife will, in the near future, be trained in this work.

During the year, additional accommodation was made available to the County Laboratory at Maidstone, and a considerable amount of new equipment was provided to meet the ever-increasing use made of this service. Particular reference should be made to the introduction of facilities for carrying out Rh blood examinations, and it became possible to do this in respect of each patient attending the County ante-natal clinics. The total number of examinations done was 2,662. The addition of this examination to the extensive range already provided by the County Laboratory for expectant mothers is yet another step towards the further reduction of maternal and infantile mortality. The County Laboratory is now one of the foremost local authority laboratories in the country and, in its standard of work and equipment, has achieved an extremely high level of efficiency.

The Maternity and Child Welfare Service continues to provide improved facilities for the community and considerable interest attaches to the increase in attendance at post-natal and women's welfare clinics. In addition to the usual post-natal work of these clinics, it has been found that many patients desire to seek advice in respect of gynaecological conditions, sterility and marital problems. Considerable advances have been made in dealing with patients who attend by reason of sterility and, as a result of close association with the County Laboratory, general practitioners and hospital consultants, a successful outcome has resulted for many women. A detailed analysis of the work done at these clinics is given in the body of the report.

On April 1st, 1946, day nurseries ceased to be the entire financial responsibility of the Government and the service which had been provided during the war years was continued by the Council. The day nursery facilities provided in North West Kent show the need for further expansion of this service, but it is unfortunately the case that, owing to lack of building labour and materials, this will not be achieved for some time. Great attention has been paid to the arrangements for the care of illegitimate children and their mothers. In addition to the provisions made by voluntary associations, the two establishments maintained by the Council have made an important contribution towards meeting this difficult social problem. The services in connection with child welfare are being more closely associated with those of the School Health Service and the preliminary steps have been taken to create a Child Health Service. Advantage is taken of the dental services of the Education Committee to provide comprehensive dental treatment to mothers and children coming within the ambit of the

Maternity & Child Welfare Service, and the services of the whole-time orthodontic surgeon are, in particular, of great value. The fact that the Council maintains its own workshop for the manufacture of dentures and dental appliances means a rapid and excellent service for the dental officers of the Maternity & Child Welfare and School Health Services.

In 1945, the Public Health Committee gave instructions that a survey should be made of the ambulance services in the County and that a report should be prepared showing what was needed to provide a comprehensive service.

This survey was finished in 1946 and a report on the position, which included recommendations for a complete service, was submitted to the Committee.

It was not, of course, known when the original instructions were given in 1945 for the survey that the County Council would, in accordance with the National Health Service Act, 1946, become responsible for making provision to secure that a comprehensive ambulance service existed in the County, but the preparations that have needed to be made to this end for purposes of this Act have been made very much easier by reason of the decision taken in 1945. The survey showed that there were 129 ambulances for general purposes in use, which were provided by 10 different organizations, and there were, in addition, 26 vehicles reserved for the transport of patients suffering from infectious diseases. The principles adopted by the Committee in 1946 have subsequently formed the framework under which proposals have been submitted to the Minister for the purposes of the National Health Service Act, 1946, and made provision for full use of the voluntary organizations now providing ambulance services, with the County Council making direct provision where necessary. In coming to the decision as to the administrative framework to be adopted for this comprehensive service, the Public Health Committee considered that, since the majority of journeys undertaken by any ambulance are to and from hospital, the administrative scheme should be linked to the future organization appropriate to hospital services and not to an organization based upon existing County District boundaries. The surveys which have been carried out of hospital and institutional services in Kent show that the County can be divided into eight natural hospital areas, in each of which there will be one main or 'key' hospital. These areas have therefore been taken as a basis for organizing the ambulance service to be provided under the Act, the details of which will be described in my next Annual Report.

The birth-rate recorded in the year, 21.2, compared well with the rate of 18.2 in the previous year, and was the highest rate achieved for twenty-five years. The general death-rate of 11.8 was the lowest figure since 1939, while the infantile mortality rate once more presented a reduction, at 33 deaths per thousand births; this rate was the lowest ever recorded in the County, and was little more than one-fifth of the average rate obtaining at the beginning of the century. Similarly, the maternal mortality rate of 1.2 was less than half of the average rate of the past thirty-five years.

There is no evidence to be drawn from these figures that the health of the community has suffered from the many social and economic difficulties that confront the nation, and it may confidently be said that the health services provided by the County Council and the District Councils have made a significant contribution towards reaching this position.

I should like to express to the Members of the Council my very sincere appreciation of the support and kindness that they have shown to me during the year, and I must place on record my appreciation of the work which the staff have done so well. I believe that a study of the report will show how the ever-increasing demands made by the community on the Council for health services are being met so far as possible, and that every part of this field of work is continually being expanded to meet modern requirements.

To my Deputy, Dr. G. F. Bramley, I especially wish to express my thanks.

A. ELLIOTT,

County Medical Officer.

KENT COUNTY COUNCIL

PUBLIC HEALTH COMMITTEE

The Committee reports to the County Council on all matters concerning the Public Health. Its constitution as at 1st September, 1947, was as follows :—

ALLISON-BEER, G.	MORGAN, The Rev. S. J. W., O.B.E.
BARLAS, MRS. E. G. M.	(Vice-Chairman of the Committee).
BARNETT, R. C. S.	NEWMAN, W.
BAX, MRS. H. M.	PACKHAM, S.
BROOK, DR. C. W.	PAGE, H.
BURROWS, MISS M. M. C., B.E.M.	PARRY, W. L.
DAY, DR. MARJORIE	PRESTEDGE, T. H.
GIFFARD, CAPT. H. G., R.N.	PYM, MAJOR C. E., C.B.E. (Vice-Chairman of the County Council).
HARDY, SIR EDWARD (Chairman of the County Council).	RENDEL, COL. R. M., O.B.E.
HEILBRON, LT-COL. E. J., O.B.E.	RULE, R. W.
IGGLESDEN, SIR CHARLES	RULE, W. N.
JENNINGS, R. J.	SKINNER, J. E.
KIRBY, MAJOR M. T., D.S.O.	SMITH, LT-COL. C. A. Johnstone, (Chairman of the Committee).
LAMPARD, A. S.	SPENCER, E. R.
MILLS, E. V. (Chairman of the Finance Committee).	WELLS, P. L., M.P.

CLERK OF THE COUNTY COUNCIL AND CLERK OF THE PUBLIC HEALTH COMMITTEE AND ITS SUB-COMMITTEES :—W. L. PLATTS.

ANNUAL REPORT

Vital Statistics.

POPULATION.—The population of the Administrative County at the middle of 1946 was estimated by the Registrar-General to be 1,379,310 : and the distribution of this population, in each sanitary district of the county, is shown in Table 3. It will be seen that 1,091,200 were resident in the urban areas, and 288,110 in rural districts.

The density of population, for the county as a whole, was 1·42 persons per acre—5·72 per acre in the towns, and 0·37 per acre in the combined rural districts. There are, of course, marked differences in the densities of individual districts, the figures ranging from 29·9 per acre in *Penge Urban* to 0·2 per acre in *Lydd Borough*, among the towns, and from 1·02 per acre in *Dartford Rural* to 0·12 per acre in *Romney Marsh Rural*.

BIRTHS.—The births of 29,193 living children were registered during 1946, which is an increase of no less than 6,995 on the previous year's total. Male births numbered 14,912, female births 14,281.

The total excess of births over deaths was 12,999—6,769 males and 6,230 females.

The birth-rates for the year were 21·4 for the urban districts, 20·6 for the rural districts, and 21·2 for the county as a whole : and in each case the rate shows an increase on the figures for the previous year.

The following figures may be quoted for comparative purposes :—England and Wales, 19·1 ; 126 great towns, 22·2 ; 148 smaller towns, 21·3 ; London, 21·5.

The figures for Kent for the past ten years are as follows :—

Year.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Urban Districts ...	14·8	15·1	15·2	15·4	15·3	17·9	18·6	20·3	18·5	21·4
Rural Districts ...	14·4	14·4	14·6	13·7	14·6	17·0	17·4	19·2	17·1	20·6
Whole County ...	14·7	15·0	15·1	15·0	15·1	17·7	18·3	20·1	18·2	21·2
Percentage Illegitimate	3·91	4·15	3·86	3·90	5·41	5·50	6·06	6·88	8·28	6·20
England and Wales ...	14·9	15·1	15·0	14·6	14·2	15·8	16·5	17·6	16·1	19·1

STILL-BIRTHS.—The still-births recorded in the county during the year totalled 699, compared with an average of 621 during the preceding ten years.

The rate of still-births in the county, per thousand of the population, was 0·51, which may be compared with the rates for England and Wales (0·53), the 126 great towns (0·67), and the 148 smaller towns (0·59). In the combined urban areas of Kent it was 0·53, and in the rural areas 0·45.

The number of still-births in each sanitary district in the county is shown in the Tables 4 and 5 at the end of this report.

INFANTILE MORTALITY.—(Rate of deaths among children under twelve months of age, per thousand live births).

The following figures show the records for the administrative county, and for England and Wales, during the past ten years, and show also the comparison of the rates among legitimate and illegitimate infants :—

Year.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Urban Districts ...	50	43	36	43	43	42	41	47	38	34
Rural Districts ...	47	46	43	47	42	43	37	42	30	32
Whole County ...	49	43	37	44	43	42	40	46	37	33
England and Wales ...	58	53	50	55	59	49	49	46	46	43
Legitimate (Kent) ...	47	43	36	43	43	41	39	44	35	33
Illegitimate (Kent) ...	96	62	77	61	51	71	60	74	58	38

The rates in the different sanitary districts will be found in Tables 4 and 5 at the end of this report ; and Table 10 shows the causes of death in children under one year of age. From the latter table it will be seen that chief among such causes were congenital malformations, birth injury and infantile diseases (369 deaths), prematurity (246), diarrhoea (94) and pneumonia (117).

In the urban districts the rates ranged between 13 in *Sandwich Borough* and 66 in *Lydd Borough* ; and in the rural districts between 8 in *Elham Rural* and 58 in *Romney Marsh Rural*.

DEATHS.—The net number of deaths registered in the county during 1946 was 16,194—an increase of 1,119 on the total for the previous year. Male deaths numbered 8,143, female deaths 8,051.

The crude death-rates were 11·7 for the urban areas, 12·1 for the rural districts, and 11·8 for the whole county.

The following tabulation shows the rates recorded in Kent over a period of ten years, and the rates for England and Wales are added for comparative purposes :—

Year.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
Urban Districts ...	11·2	10·6	11·3	13·8	13·8	12·7	13·0	13·5	12·5	11·7
Rural Districts... ..	11·9	11·4	11·5	12·3	12·8	12·5	12·6	13·2	12·1	12·1
Whole County	11·3	10·8	11·3	13·5	13·6	12·7	12·9	13·4	12·4	11·8
England and Wales ..	12·4	11·6	12·1	14·3	12·9	11·6	12·1	11·6	11·4	11·5

The number of deaths in each sanitary district, and the deaths in age-groups, are shown in the tables at the end of this report. The principal causes of death were heart disease (4,749 deaths) and cancer (2,660).

ZYMOTIC MORTALITY.—The following tabulation shows the prevalence of, and the mortality from, the seven chief zymotic diseases, in Kent during 1946. For purposes of comparison, the mortality recorded in the whole of England and Wales during the year, is added to the table :—

DISEASE.	Number of Cases.	Number of Deaths.	Rates of Deaths.		Death-rate in England and Wales in 1946 per 1,000 persons living.
			Per 100 persons attacked.	Per 1,000 persons living	
Small-pox	1	None	—	—	0·00
Scarlet Fever	1452	2	0·138	0·002	0·00
Diphtheria and Membranous Croup ...	180	10	5·556	0·008	0·01
Typhoid and Paratyphoid Fevers ...	18	1	5·556	0·001	0·00
Measles	7843	5	0·064	0·004	0·00
Whooping-cough ...	2066	15	0·727	0·011	0·02
Diarrhœa, including Enteritis (under 2 yrs.)	<i>Not notifiable</i>	98	?	3·357	4·4*
Totals	—	131	—	0·095	—

*The figures relating to diarrhœa have reference to children dying under two years of age, per thousand *births*.

NOTIFIABLE INFECTIOUS DISEASES.

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Tables 6 and 7 at the end of this report.

The following is a summary of the death-rates, and the numbers of notifications of small-pox, scarlet fever, diphtheria and enteric fever during the past ten years, and the death rates from measles and whooping cough during the same period :—

Year.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946	
										Kent.	England and Wales
Small-pox cases	0	4	0	0	0	0	0	0	0	1	
Death-rate ...	<i>nil.</i>	0.002	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	<i>nil.</i>	0.00
Scarlet Fever Cases ...	2,423	2,913	2,721	1,293	1,214	2,431	4,151	2,367	1,793	1,452	
Death-rate ...	0.02	0.008	0.005	0.003	0.001	0.003	0.003	0.001	0.003	0.002	0.00
Diphtheria Cases ...	1,109	1,361	951	527	517	444	379	297	265	180	
Death-rate ...	0.03	0.042	0.017	0.026	0.023	0.019	0.023	0.021	0.018	0.008	0.01
Enteric Fever Cases ...	60	54	47	48	107	18	38	17	30	18	
Death-rate ...	0.004	0.003	0.003	0.004	0.002	0.003	0.003	0.003	0.003	0.001	0.00
Measles Cases ...	<i>Not notifiable</i>			2972	17094	9354	11675	6,307	13,023	7,843	
Death-rate ...	0.002	0.032	0.001	0.003	0.019	0.003	0.016	0.007	0.010	0.004	0.00
Whooping Cough Cases ...	<i>Not notifiable</i>			380	5148	2917	1801	3,223	1,978	2,066	
Death-rate ...	0.033	0.008	0.026	0.007	0.054	0.025	0.019	0.020	0.014	0.011	0.02

SMALL-POX—The one case notified was from *Rochester City* : but actually the patient was a resident of *Gillingham B.* who was in attendance at the out-patient department of St. Bartholomew's Hospital in Rochester. Infection was probably through the patient's husband, who had recently returned to England from India, and had been in contact with a severe case. All known contacts were traced and vaccinated, and no secondary case occurred. The patient recovered.

SCARLET FEVER.—The 1452 cases was the lowest total of notifications for five years, and the incidence-rate of 1.06 per thousand of the population was also a marked reduction on the figure for the previous year. There were two deaths. Eleven "return" cases were recorded.

DIPHTHERIA.—The figure of 180 notifications is the lowest ever recorded in this county, and should be compared with the totals of 1500 or 2000 per annum which were common only a few years ago. The incidence-rate was only 0.14 per thousand; and the ten deaths represent a death-rate of only 0.008 per thousand—less than half of the death-rate of the preceding year. There was not a single instance of a "return" case.

Every district in the county continues its immunisation scheme, and the percentages of children immunised are generally satisfactory. Some authorities show figures of 90% or even higher: and figures ranging from 60% to 90% are returned by a majority of the areas.

ENTERIC FEVER.—The notifications fell from 30 in 1945 to 18 in the year under review. This represents an incidence-rate of 0.014—a very low figure. There was one death from the disease.

MEASLES.—The number of notifications was almost halved. The incidence-rate was 5.69, as compared with 10.67 in the previous year: and the five deaths give a mortality rate of 0.004 as compared with 0.010 in 1945.

WHOOPIING-COUGH.—The 2066 notifications represent an incidence-rate of 1.50 per thousand of the population; and the fifteen deaths produce a mortality-rate of 0.011. Both figures compare well with the rates recorded in the previous year, and the mortality-rate was the lowest recorded since 1940.

DIARRHOEA.—Although there was a slight rise in the number of deaths (98, as against 94 in 1945) this was compensated by the increased numbers of births, and the mortality-rate fell from 4.235 in 1945 to 3.357 in the year under review. There was a similar fall in the rate for England and Wales.

NON-NOTIFIABLE DISEASES.

Mortality rates per thousand of the civil population, from influenza and diarrhoea during the past ten years :—

Year.	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	
										Kent	England and Wales
Influenza	0.390	0.127	0.209	0.192	0.155	0.082	0.316	0.121	0.059	0.126	0.015
Diarrhoea	5.588 0.082	4.210 0.063	3.420 0.052	3.095 0.047	3.235 0.049	3.864 0.069	5.011 0.092	7.015 0.141	4.235 0.077	3.357 0.072	4.4 —

The diarrhoea death-rates shown in the above tabulation relate to children dying under two years of age, per thousand births (upper figure) and per thousand of the population (lower figure).

CANCER.—The following tabulation shows the mortality from cancer recorded in Kent during the past ten years :—

Kent.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.
URBAN.										
No. of Deaths	...	1,661	1,889	1,833	1,801	1,766	1,804	1,845	1,790	2,133
Death-rate	...	1.54	1.72	1.66	1.79	2.01	2.02	2.06	2.02	1.96
RURAL.										
No. of Deaths	...	485	479	511	480	513	486	566	524	527
Death-rate	...	1.73	1.70	1.71	1.55	1.80	1.77	2.09	1.97	1.83
TOTAL.										
No. of Deaths	...	2,146	2,368	2,344	2,281	2,279	2,290	2,411	2,314	2,660
Death-rate	...	1.58	1.71	1.67	1.73	1.96	1.96	2.07	2.01	1.93
England and Wales.										
Death-rate	...	1.64	1.67	1.67	1.72	1.78	1.84	1.90	1.90	1.85

The age and sex distribution of the deaths, during the same period of ten years, is as follows :—

		All ages.	0-1.	1-2.	2-5.	5-15.	15-25.	25-45.	45-65.	65 up- wards.
1937.	(M. ...	1,051	—	—	1	7	3	55	386	599
	(F. ...	1,095	1	—	—	3	5	66	433	587
1938.	(M. ...	1,095	—	1	1	—	6	50	427	610
	(F. ...	1,273	1	2	—	—	5	94	490	681
1939.	(M. ...	1,153	—	1	1	2	6	58	388	697
	(F. ...	1,191	—	—	1	2	4	82	472	630
1940.	(M. ...	1,111	—	2		2	64		416	627
	(F. ...	1,170	—	—		1	88		457	624
1941.	(M. ...	1,075	—	3		3	69		387	613
	(F. ...	1,204	—	1		4	112		437	650
1942.	(M. ...	1,156	—	2		4	72		411	667
	(F. ...	1,134	1	1		2	94		440	596
1943.	(M. ...	1,154	—	3		2	53		409	687
	(F. ...	1,257	1	—		—	90		468	698
1944.	(M. ...	1,094	—	—		4	54		397	639
	(F. ...	1,220	1	1		4	85		484	645
1945.	(M. ...	1,231	2	3		1	57		433	735
	(F. ...	1,244	1	4		1	78		468	692
1946.	(M. ...	1,259	—	1		1	55		459	743
	(F. ...	1,401	2	2		—	98		520	779

PREVENTION OF BLINDNESS.

The following is an analysis of the notifications received during the year under review :—

<i>Defect.</i>							<i>Number.</i>
Defective vision	...	...	...	...	...	...	4
Myopia	...	...	...	...	...	...	4
Cataract	...	...	...	...	...	...	2
Total	...	...	...	...	...	...	10

Recommendations made.

Advised to be examined by an Ophthalmologist with a view to registration under the Blind Persons Act, 1920 ... 3

Reported to the Kent County Association for the Blind. ... 1

Referred to County Ophthalmologist for examination on account of cataract. Patient refused operative treatment. ... 1

Referred to a County Ophthalmologist for examination and treatment ... 4

Assistance given for travelling expenses to Hospital ... 1

Maternity and Child Welfare.

The Maternity and Child Welfare service includes the administration of the Midwives Acts, 1902-1936 and the Public Health Act, 1936, as far as it relates to the Notification of Births, Maternity and Child Welfare, Child Life Protection, Registration of Nursing Homes and the making of contributions towards the support and maintenance of associations providing nurses. The area for which the County Council is the executive authority varies with the services concerned. There are fifty-six urban and rural districts in the County and the County Council is the authority for fifty-four districts under the Midwives Acts, thirty-two for Maternity and Child Welfare and twenty-four for the Registration of Nursing Homes. Where the County Council is not the authority for the services concerned it has either delegated its powers to a district council or the District Council is itself the constituted authority.

The following information gives some idea of the expansion of Maternity and Child Welfare services since 1926.

HEALTH VISITING.

	1926	1936	1946
Number of Health Visitors employed on combined duties, i.e., M.C.W., S.N., and T.B.	31 whole-time—17 District Nurses undertaking Health Visiting	34 whole-time—15 District Nurses	76
Equivalent of whole-time service devoted to M.C.W.	15	21	30½
Number of visits paid to expectant mothers :—			
(a) First visit	Not available	Not available	2496
(b) Subsequent	"	"	2034
Number of first visits paid to children under 1 year	5506	5635	9460
Number of subsequent visits paid to children 0—5	48531	66524	77880
Number of births registered	6237	6652	10138

MATERNITY AND CHILD WELFARE CENTRES.

	1926	1936	1946
Number of Centres	43	115	157
Number of children who attended for the <i>first time</i> during the year	1721	3755	7925
Total number of children who attended during the year	Not available	11653	23494
<i>Total attendances</i> of children during the year	36522	128656	169064
Births registered	6237	6652	10138
Percentage of children attending centres	27.6	56.5	78.1
Infantile Mortality County Welfare Area	47.54	45.03	33

ANTE-NATAL CLINICS.

	1926	1936	1946
Number of Clinics	—	21	50
Total number of expectant mothers who attended during the year	* 101	358	5847
Total attendances	* 256	2262	26767
Registered Births	6237	6652	10138
Percentage of expectant mothers attending clinic	1.6	5.4	57.6
Maternal Mortality County Welfare Area	4.2	2.4	1.3

* These women attended at ordinary sessions of Child Welfare Centres.

POST-NATAL AND WOMEN'S WELFARE CLINICS.

	1943	1946
Centres at which sessions are held	12	19
Number of women attending for first time	773	1469

These clinics provide for a complete Post-Natal examination as there was insufficient time at the ordinary ante-natal sessions to carry this out. Their scope has increased and advice is sought in regard to gynaecological conditions, sterility and marital problems. The resources of the County Laboratory are available, and increasing advantage is taken of the service. Patients are referred by General Practitioners and Tuberculosis Officers for contraceptive advice. The following is a summary of new patients attending in 1946 :—

<i>Number attending for first time</i>	<i>Percentage attending for Post-Natal advice</i>	<i>Percentage of Gynaecological patients</i>	<i>Percentage attending on account of sterility</i>	<i>Percentage attending for contraceptive advice</i>
1,469	37.3	10.4	5.9	46.4

In the beginning of the year it became possible for each patient attending a County Ante-Natal Clinic to have the following blood tests carried out through the County Laboratory Service, and the statement shows the number of tests carried out in 1946 as a routine procedure.

	<i>Total Examinations</i>	<i>Number Positive</i>	<i>Number Negative</i>	<i>Number Doubtful</i>
Wasserman Reaction	2662	24	2635	3
Rhesus factor	2662	2365	297	—
Haemoglobin estimation	2300	—	—	—

As regards the Wasserman reaction, positive results were obtained in 24 cases, giving a percentage of 0.9.

So far it has not been possible to obtain the follow up results of all cases where the mother was found to be Rh. negative, 11.5%, but hospital arrangements are made for the confinement of all expectant mothers in whom anti-agglutinins appear in the blood or where there is a previous history of miscarriage, stillbirth or neo-natal jaundice.

Where possible an examination of the husband's blood is also carried out, and in some instances he also has been found to be Rhesus negative, in which case the mother can be reassured. All Rh. negative mothers are, however, given a small card with particulars of their blood group and stating that it is Rh. negative, and they are instructed to show this card to their medical attendant in the event of pregnancy or of an operation or blood transfusion being required.

The result of the routine testing of the Haemoglobin content of the blood of expectant mothers by the Alkaline Haematin method using the Hadin's scale as a standard was analysed in a group of 159 women and was found to work out at 71% in primipara and 74% in multipara.

This endorses the findings of other workers that there is a considerable proportion of pregnant women suffering from secondary anaemia and indicates the need for the fullest use by such women of their extra rations and the giving of iron compounds in almost every case, in addition to the vitamin supplements.

MATERNITY HOMES AND HOSTELS.

The Maternity Homes at "Northfield," Langton and 22 Broadwater Down, Tunbridge Wells, originally provided for evacuation purposes, were continued as part of the institutional midwifery service.

The number of patients admitted to the Ante-Natal Hostels and Maternity Homes during the year is :—

Ante-Natal Hostels :—

	<i>Number of beds</i>	<i>Admissions</i>
The Paveys, Langton	21	482
5 Sandrock Road, Tunbridge Wells	20	94
		<hr/> 576

Maternity Homes :—

"Northfield," Langton	18	363
22 Broadwater Down, Tunbridge Wells	20	439
		<hr/> 802

Of the 802 patients admitted to the Maternity Homes, 664 were confined there. Of the remainder, some were transferred to Hospital because of the need of specialist treatment, others had already been confined or were not in labour, while in a few instances patients chose to return to their homes for confinement.

CARE OF ILLEGITIMATE CHILDREN.

The care of illegitimate children continues to receive special attention and a close liaison is maintained between the Health Visitor and the voluntary organisation concerned with the welfare of mother and child.

A return was obtained from the Health Visitors with regard to the illegitimate children under 5 years of age living in private households at the end of 1946. The following tabulation sets out a summary of the returns :—

<i>Persons actually caring for the child in a private household.</i>	<i>No. of Children</i>	<i>Percentage of total</i>
Mother	258	26.1%
Mother and Grandmother	282	28.5%
Grandmother	51	5.2%
Mother who has since married	72	7.3%
Mother and her husband (Not the father of the child)	85	8.6%
Mother and father (Not married)	111	11.2%
Foster parent	36	3.6%
Prospective adopters	34	3.4%
Aunt	13	1.3%
Mother and Aunt	17	1.7%
Mother and attending a Day Nursery... ..	19	1.9%
Foster parent and attending a Day Nursery	1	0.1%
Friend of Mother	11	1.1%
Total ...	990	

The Health Visitors were asked to report specially on any children whom they considered were not receiving adequate care and attention, and special investigations have been made in all such cases. In all of the cases so reported it is considered that while the homes are not so satisfactory as might be desired the children are being cared for to the best of the guardians' ability.

The County Council's Mother and Baby Home, Broadwater Down, Tunbridge Wells, which opened in 1945, accommodates sixteen mothers and babies. The house adjoining is also used as a Mother and Baby Home for ex-Service girls and is administered by the County Council on behalf of the Ministry of Health. This house also accommodates sixteen mothers and babies, and for administrative purposes the two houses are run as one unit.

One hundred and three mothers and babies were admitted to the two establishments during the year, fifty-nine being ex-Service girls, thirty-eight from the County Welfare area and six from Autonomous Welfare areas.

The following table shows what arrangements had been made for mothers and babies discharged during the year :—

Mother went home :—

keeping baby	36
baby for adoption	27
baby to foster-parent	4
baby to nursery for adoption	5
baby to nursery until mother can take it	2

Mother went to :—

sister's home with baby	1
friend's home with baby	1
resident post with baby	23
resident post, baby to nursery	4
resident post, baby for adoption	1
resident post, baby to foster-parent	1
hospital post, baby to foster-parent	1
post as assistant nurse with baby	1
Public Assistance Institution, baby to Public Assistance Nursery	2
Leybourne Grange Mental Deficiency Colony, baby to nursery	1
Mother married and baby went home with her	7

117

Of the one hundred and seventeen mothers, eighty-one or 69.2% retained responsibility for their infants. For the remainder, adoption was considered to be the best solution.

While in many cases satisfactory arrangements are made for domestic employment of the mothers with their infants, difficulties arise when the infants reach the "toddler" stage and the additional Residential Nursery accommodation already approved by the County Council for these and other infants of unmarried mothers is urgently needed.

CARE OF PREMATURE BABIES.

The cards used in the routine notifications of births by Doctors and Midwives provide a space for the insertion of the birth weight of the infant, and special enquiries are instituted in each case where the infant weighs 5½ pounds or less. The following are details of notifications during the year :—

Notifications received stating that infants weighed 5½ pounds or less 158

Infants born :—

(a) At Home 77

(b) In Hospital or Nursing Home 81

Number of deaths occurring in the first 24 hours where infant was born :—

(a) At Home 11

(b) In Hospital or Nursing Home 11

Number of deaths occurring between the end of the first 24 hours and one month :—
where infant was born :—

(a) At Home 11

(b) In Hospital or Nursing Home 17

Number of children who were alive at the end of one month who were born :—

(a) At Home 49

(b) In Hospital or Nursing Home 59

Special outfits comprising draught-proof cots, hot-water bottles, feeding bottles, clothing, blankets, etc., are now available for immediate issue on loan to homes where a premature baby has been born.

When a premature baby has been born in Hospital, steps are taken to ensure that a Health Visitor or Midwife calls at the home immediately prior to the discharge of the mother and baby in order that suitable arrangements can be made and appropriate help and advice given.

HOME HELPS

The Home Help Scheme in the County Welfare Area covers assistance in the home of an expectant or nursing mother and during the lying-in period, and also in homes where there is illness of the mother of a child or children under five years of age. The progress of the service was hindered during the war years by shortage of suitable workers, but in 1946 there was a steady increase in the number of patients assisted. Three types of workers are employed, viz :—

(1) Whole-time Home Helps.

(a) Those who are willing to work in any part of the County and who reside in the patient's home.

(b) Those who live in their own homes and work in the surrounding area. The hours being from 8 a.m. to 6 p.m.

(2) Women who do not desire constant employment but are willing to act in the capacity of Home Helps from time to time. This group is paid on a daily basis—the hours being the same as those of the whole-time non-resident Home Helps.

(3) Women who work and are paid on an hourly basis. This group is particularly useful in the ante-natal period when certain patients are required on medical grounds to have rest during the day and to be relieved of their heavier domestic duties. They are also of use where there has been an abnormal confinement and the mother's convalescence is delayed.

The following statement shows the number of patients attended in 1946 by the different groups of workers :—

Casual Home Helps	933
Full-time Home Helps	171
Part-time Home Helps	29
	— — —
	1,133
	— — —

DOMESTIC HELP—CIRCULAR 179/44.

The responsibility for operating this Scheme, which provides for domestic help for persons sick or infirm (whether through old age or otherwise) who are unable to obtain domestic help, has been delegated to local Authorities in all but four Urban and five Rural Districts in the County Welfare Area. In the Urban Districts concerned, i.e., Queenborough, Southborough, Tonbridge and Whitstable, the scheme is operated in conjunction with the County Home Help Scheme, but very little advantage has so far been taken of the facilities, which have not been publicised widely owing to the fact that there is insufficient labour available to carry out the scheme satisfactorily.

DAY NURSERIES.

During the war the County Council opened and maintained a number of Day Nurseries on behalf of the Ministry of Health. As from 1st April, 1946, these nurseries ceased to be the entire financial responsibility of the Government and approximately half the cost became the responsibility of the County Council. The County Council decided that the Day Nurseries already available should be continued and the following table gives particulars of the position at December 31st, 1946 :—

Address	No. of Places	Average daily attendance.		Total	Waiting List
		0-2 Years	2-5 Years		
"Tilehurst," Teapot Lane, Aylesford	30	6	11	17	—
Hectorage Road, Tonbridge ...	50	8	23	31	3
Kimmeridge Road, Mottingham ...	80	15	36	51	46
Day's Lane, Sidcup	40	11	22	33	41
67/69 Sidcup Hill, Sidcup	65	16	39	55	39
Scad's Hill House, Orpington ...	80	11	40	51	60

It will be seen that at the end of the year all but Aylestord and Tonbridge had large waiting lists, and most of the children on these lists were those for whom Day Nursery accommodation was urgently required.

The Nursery at Queenborough was closed at the end of 1946 owing to the small number of children attending whose mothers needed to go out to work.

As a general principle, admission is restricted to children whose mothers come within the following categories :—

- (i) Women who go out to work.
 - (a) Unmarried mothers.
 - (b) Widows who require to supplement their pensions.
 - (c) Mothers with disabled husbands.
- (ii) Women for whom home help cannot be obtained.
 - (a) Women with large families who require assistance with their young children.
 - (b) The woman in chronic ill-health whose household duties, plus the constant care of young children, are too much for her.
 - (c) The mother who has to arrange for the care of a toddler while she has another baby.
 - (d) The mother faced with an emergency, such as serious illness in the home.

A number of children have been sent for observation from the Child Guidance Clinics where it was considered that the Nursery routine and association with other children would be helpful.

RESIDENTIAL NURSERIES.

The County Council Nurseries at "Little Heys," Tudeley Road, Tonbridge and Knockhall House Knockhall Road, Greenhithe, which accommodate 10 and 25 children respectively, have been used to capacity throughout the year, but this accommodation is quite inadequate to meet the demand. The Council have approved the provision of up to 100 places, but so far it has not been possible to have the necessary adaptations and alterations carried out to Council property, or to obtain suitable accommodation to enable the balance of the places to be provided.

DIPHTHERIA IMMUNISATION.

As from 1st January, 1946, the Ministry of Health placed upon Welfare Authorities responsibility for the immunisation of infants and children under school age. It was decided that, so far as practicable, advantage should be taken of the services already provided by local Sanitary Authorities under existing powers, and that all possible steps should be taken to co-ordinate the arrangements and ensure that adequate facilities were provided.

With this end in view a medical officer on the staff of the Council discussed the existing arrangements with the Medical Officer of Health of each of the districts in which the County Council is the Welfare Authority.

The Medical Officers of Health concerned were exceedingly helpful and co-operative, and where necessary the local schemes were extended or altered so that there might be uniformity throughout the area for which the Council is the Welfare Authority. Diphtheria Immunisation is now available at any County Welfare Centre in addition to special clinics, and County staff is made available to the local Medical Officer of Health if such assistance is needed.

The following table shows the percentage of children under five who had been immunised in each of the Sanitary Districts in the County Welfare Area at the end of the year 1946 :—

Broadstairs U.	48.7
Chislehurst and Sidcup U.	48.4
Deal B.	60.9
Faversham B.	26.3
Herne Bay U.	85.0
Hythe B.	39.7
Lydd B.	29.5
New Romney B.	43.8
Orpington U.	45.5
Queenborough B.	45.0
Sandwich B.	64.3
Southborough U.	43.3
Swanscombe U.	43.9
Tenterden B.	56.7
Tonbridge U.	52.8
Whitstable U.	58.0
East Ashford R.	53.4
West Ashford R.	43.8
Bridge Blean	40.7
Cranbrook R.	55.36
Dover R.	49.2
Eastry	58.1
Elham	51.5
Hollingbourne	30.0
Maidstone	46.9
Malling	49.65
Romney Marsh	31.57
Sevenoaks	80.2
Sheppey	34.1
Strood	45.8
Swale	43.3
Tenterden R.	68.7

DENTAL TREATMENT.

The equivalent time of two whole-time Dental Officers of the Education Committee is devoted to the dental treatment of Expectant and Nursing Mothers, and children under school age. Treatment is available in 26 districts in which the County Council is the Welfare Authority. In addition, facilities for inspection and treatment are now available at Day and Residential Nurseries.

The following table shows the amount of work carried out during the year :—

	Total Attendances	Extractions	Fillings Inserted	Scalings	Gum Treatment	Dressings, etc.	Impressions	Bites	Try-ins	Patients fitted with Dentures	Dentures			Suction Disc.
											Fitted	Repaired	Re-made	
Adults ...	6036	6458	1029	365	260	226	1120	407	525	524	765	81	15	4
Children under school age...	984	542	419	—	—	673	—	—	—	—	—	—	—	—
TOTAL ...	7020	7000	1448	365	260	899	1120	407	525	524	765	81	15	4

No. of half-day sessions devoted to treatment ...	...	...	947 $\frac{3}{4}$
No. of half-day sessions attended by Anaesthetist ...	...	...	108 $\frac{1}{2}$
No. of patients treated under nitrous oxide anaesthesia ...	...	...	960
No. of local anaesthetics administered ...	...	...	1183
Average daily attendance ...	...	...	14.8

INFANTILE MORTALITY.—The following figures show certain infantile mortality rates per thousand births during each of the last six years :—

	1941.	1942.	1943.	1944.	1945.	1946.
Kent Urban Districts ...	42.86	41.70	40.27	46.15	37.98	33.42
Kent Rural Districts ...	41.39	42.47	36.04	41.33	29.92	31.15
Administrative County ...	42.49	41.86	39.34	45.08	36.31	32.96
Area of County Scheme ...	42.98	39.88	34.23	39.15	31.30	33.64
Rest of Kent ...	42.20	43.01	42.28	48.47	38.98	32.59
England and Wales ...	59	49	49	46	46	43

MATERNAL MORTALITY.—The following tabulation shows the number of deaths of women in child-birth, in Kent, since 1937. For comparative purposes, the average figures for the five years 1942–1946 and the thirty nine years 1908–1946, are added :—

Year.	Number of births.	Puerperal Sepsis.		Other puerperal causes.		Total deaths.	Total rate per 1,000 births.
		Number of deaths.	Rate per 1,000 births.	Number of deaths.	Rate per 1,000 births.		
1937 ...	20,044	15	0.8	40	2.0	55	2.8
1938 ...	20,666	19	0.9	33	1.6	52	2.5
1939 ...	21,080	12	0.6	33	1.7	45	2.1
1940 ...	19,715	10	0.6	29	1.5	39	2.0
1941 ...	17,623	12	0.7	28	1.6	40	2.3
1942 ...	20,709	12	0.6	32	1.6	44	2.2
1943 ...	21,355	16	0.8	29	1.4	45	2.2
1944 ...	23,094	10	0.5	24	1.1	34	1.5
1945 ...	22,198	7	0.4	27	1.3	34	1.6
1946 ...	29,193	10	0.4	23	0.8	33	1.2
Average of five years 1942-46 ...	23,310	11	0.5	27	1.2	38	1.7
Average of thirty-nine years 1908-46 ...	20,156	21	1.1	42	2.1	63	3.1

PUERPERAL INFECTION.—The following figures show the number of notifications of puerperal pyrexia and deaths from puerperal sepsis during the past five years :—

Notifications of Puerperal Pyrexia.

	1942.	1943.	1944.	1945.	1946.
Administrative County ...	200	281	260	216	196
County Welfare Area ...	60	103	102	63	58

Deaths from Puerperal and Post-abortion Sepsis.

	1942.	1943.	1944.	1945.	1946.
Administrative County ...	12	16	10	7	10
County Welfare Area ...	6	4	2	1	8

OPHTHALMIA NEONATORUM.—The figures below refer to the notification and treatment of ophthalmia neonatorum in the County Welfare area, but a comparison with the figures for the Administrative County is shown for 1946 :—

	1942.	1943.	1944.	1945.	1946.	Adminis- trative County 1946.
Cases Notified ...	17	13	8	7	6	33
Treated						
At Home ...	11	6	3	4	2	18
In Hospital ...	6	7	5	3	4	15
Vision						
Unimpaired ...	15	9	2	7	6	26
Impaired ...	—	—	—	—	—	—
Total blindness ...	—	—	—	—	—	—
No information ...	2	4	6	—	—	7
Death ...	—	—	—	—	—	—

All cases of inflammation of, or discharge from, the eyes are notified by midwives and are investigated by the Supervisors of Midwives; the "follow up" of the affected infants is carried out by the health visitors.

CHILD LIFE PROTECTION.

At the end of the year, 166 children were in the care of 134 foster-parents in private households.

REGISTRATION OF NURSING HOMES.

Eighteen Nursing Homes were registered at the end of the year, providing a total of 138 beds.

MIDWIFERY SERVICE.

During the year, 26,547 births were registered in the County Midwifery area. The following table shows the number of midwives practising in the area and the number of births they attended either as a midwife or a maternity nurse.

	Number of midwives practising at end of year	Number of midwifery patients attended during the year	Number of maternity patients attended during the year	Total patients attended
<i>Domiciliary Midwives</i>				
County Midwives ...	103	5,985	1,416	7,401
Municipal Midwives ...	5	214	77	291
Midwives employed by District Nursing Associations with which the County Council has agreements to provide a midwifery service ...	131	2,608	1,201	3,809
Midwives in private practice ...	30	593	96	689
TOTALS for Domiciliary Midwives	269	9,400	2,790	12,190
<i>Institutional Midwives</i>				
In County Hospitals and Homes ...	58	4,419	645	5,064
In Local Authority Maternity Homes ...	28	1,660	713	2,373
In Voluntary Hospitals ...	53	2,126	1,385	3,511
In Private Nursing Homes ...	31	711	1,318	2,029
TOTALS for Institutional Midwives	170	8,916	4,061	12,977
<i>Domiciliary and Institutional Midwives</i>				
TOTALS ...	439	18,316	6,851	25,167

MIDWIVES APPROVED FOR THE TRAINING OF PUPILS.

As part of the training of Pupil Midwives is carried out on the district, attending patients in their own homes, it is necessary for a number of Domiciliary Midwives to be approved as district teachers, by the Central Midwives Board.

Eleven Midwives in the County are approved for such training, and the Pupil Midwife resides with the approved teacher, working with her on the district.

GAS AND AIR ANALGESIA.

At the end of 1946, sixty-one County Midwives had received training and forty-seven were in possession of a Minnitts Gas and Air apparatus. The training of the remaining midwives (approximately 40) is proceeding as rapidly as possible.

SUBSCRIPTIONS TO NURSING ASSOCIATIONS.

During the year subscriptions were made to 106 Nursing Associations in respect of domiciliary nursing. The amounts varied from £2 2s. 0d. to £70.

County Tuberculosis Services

Although the actual administration of the residential accommodation provided for patients suffering from tuberculosis is administered as part of the Council's hospital service, it is convenient to deal with the Tuberculosis Service as a whole.

On the non-institutional side the return of population to East Kent made it necessary to reconstitute a new dispensary district based on Ramsgate, which brought about the pre-war position whereby the County is again divided into 8 districts, each in charge of a Tuberculosis Officer working from the main dispensary. In the two largest districts there are three Assistant Tuberculosis Officers. 16 sub-dispensaries are provided, making in all a total of 24 clinics.

It will be recalled that the programme for the provision of modern dispensary premises was suspended on the outbreak of war and many of the buildings now in use are in need of replacement. Particular urgency attaches to the position at Dartford and Bromley. Both these main dispensaries were due for replacement in the financial year 1939/40. The increase in work done during the war years showed the necessity of replacing the buildings in use, and the Ministry of Health gave consent in 1943 to the provision of new clinic premises. Unfortunately, the resumption of air attacks in the summer of 1944 necessitated suspension of these plans, and it is regrettable to have to record that, at the end of the year 1946, new buildings have still not been erected. It should, however, be recorded that the clinic at Dartford is being placed in the grounds of the County Hospital and that an agreement has been reached with the Bromley and District General Hospital that the new dispensary will be in the grounds of that voluntary hospital. The statistical position in respect of work done in 1946, as compared with 1945, is as follows :—

	1945	1946
New patients seen at Dispensaries	9,461	10,508
Total attendances at Dispensaries	42,854	48,447
Notifications	1,948	2,218
Patients on Dispensary Register at end of year ...	7,778	8,300
Patients on Tuberculosis Register at end of year ...	12,092	12,850

These figures show the continued and increasing burden of work discharged by the Dispensary staffs, and this burden is greatly increased by the difficulties that are experienced in finding residential accommodation for patients. The difficulty in finding accommodation is particularly acute for male patients and the waiting period for admission sometimes exceeds six months. It is inevitable that early lesions undergo extensive deterioration during this long period. A limited number of beds has been utilized at selected County Hospitals, where patients with early disease can be admitted for a period of a few weeks for special operative treatment such as the induction of a pneumothorax. After the particular form of special treatment has been established these patients are discharged to the care of the Tuberculosis Officers in the Dispensaries, because of the impossibility of being able to provide them with any extensive period of sanatorium treatment. In certain cases successful collapse therapy has been induced, either at the dispensary or in the patient's own home. The table set out, records the demands that have been made for the provision of institutional treatment of pulmonary tuberculosis over the past 10 years. The position represented is at the 31st December in each case.

	<i>No. of beds occupied</i>			<i>Waiting List</i>	<i>Total beds required</i>
	<i>Male</i>	<i>Female</i>	<i>Children</i>		
1937	317	188	32	92	629
1938	335	194	32	48	609
1939	206	138	29	55	428
1940	259	171	30	33	493
1941	332	229	39	53	653
1942	341	218	52	133	744
1943	316	256	44	234	850
1944	341	295	37	271	944
1945	306	287	39	356	988
1946	264	343	29	307	943

In 1937 only 190 of the 537 beds occupied were provided by the County Council, the remainder being in non County establishments.

It will be remembered that in this year the County Council approved of large scale reorganization of the tuberculosis service and purchased a site for the erection of a Tuberculosis Hospital of 350 beds.

During the year under review the conclusion was reached that the building programme would not permit of the erection of this tuberculosis hospital for many years, and some other method will therefore need to be found to provide the accommodation for the County's needs, when the recruitment of nursing staff appears to justify the bringing into use of new units.

The Council provides, in three establishments entirely for the treatment of pulmonary tuberculosis, 300 beds, but by reason of shortage of staff only 200 were occupied at the end of the year. At the County Hospital, Orpington, a unit of 60 beds is provided for the treatment of pulmonary tuberculosis, under the direction of the Medical Superintendent of the Kettlewell Hospital, who has part-time assistance from the Assistant Tuberculosis Officers of the area. The other four large general hospitals provide 100 beds for tuberculosis, which are under the control of the Tuberculosis Officers for the area in which the hospitals are situated. It is therefore the case that, of the 636 beds which were being used for County patients at the end of the year, approximately 360 were provided in the Council's own establishments. This figure was approximately the same for the previous year, but the number of available beds in non-County institutions for patients within the County showed a small decline because of beds having to be taken out of commission by reason of staff shortages.

Some 45 non-County establishments were, at the end of the year, treating patients who were the responsibility of the Committee, and it will be appreciated how difficult administration is in such circumstances.

The work of the Council's Consultants continued at the Kettlewell and Lenham Tuberculosis Hospitals and, under the direction of Mr. Holmes Sellors, a considerable amount of operative treatment was carried out at the former, where good operating facilities have now been provided. The Consulting Physician, Dr. Morlock, pays regular visits to both establishments and certain surgical procedures are also carried out at the County Hospital, Farnborough.

MASS MINIATURE RADIOGRAPHY.

A mass miniature radiography unit was delivered at the end of the year by the Ministry of Health. Difficulty in obtaining essential accessory equipment prevented its immediate use. The basis of the unit is a very powerful radiological apparatus specially designed for chest radiography and provided with an efficient camera to take a large number of miniature photographs of the screen image on a roll of 35 m.m. film. The technical staff attached to the unit are specially trained, and it is possible to photograph large numbers in a reasonably short space of time. The equipment is transportable and the surveys are conducted at the factories. Considerable enthusiasm has already been shown in the forthcoming operations of the unit by many industrial organizations within the administrative county. The introduction of the unit will facilitate the detection of early disease, but it must not be considered as replacing in any way the present organization of the existing Tuberculosis Service.

MAINTENANCE ALLOWANCES.

An analysis of the 508 applications dealt with from 1st January to 31st December, 1946, is appended. The figures for 1945 are given for comparison.

	1945	1946
1. Total number of applications	471	508
2. Domiciliary patients receiving allowances	186	224
3. Sanatorium patients receiving allowances :—		
(i) Maintenance for dependants	33	21
(ii) Pocket Money	13	14
4. Patients receiving allowances in supplementation of part-time earnings	3	1
Total number of patients receiving allowances	235	260
5. Nil assessments (on Medical or financial grounds) :—		
(i) Domiciliary patients	56	67
(ii) Sanatorium patients	84	79
6. Number of patients who have returned to full-time employment	65	68
7. Number of deaths	20	22
8. Transfer to other Authorities	11	12
	236	248

TUBERCULOUS DISEASES.

TABLE 1.—Particulars of new cases of tuberculosis, and of deaths from the disease in Kent during 1946.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
	M	F.	M.	F.	M.	F.	M.	F.
0—1	—	3	1	—	1	—	3	6
1—5	11	14	23	14	1	1	12	10
5—10	28	34	45	29	4	4	7	10
10—15	22	30	28	29				
15—20	77	118	8	26	175	172	18	18
20—25	154	153	12	17				
25—35	301	266	16	31				
35—45	199	108	6	11	147	45	9	4
45—55	134	57	3	11				
55—65	75	35	3	6				
65 and upwards ...	52	20	7	1	41	16	3	3
Totals	1,053	838	152	175	369	238	52	51
2,218				710				

TABLE 2.—Showing number of cases of Tuberculosis notified in each district in Kent during 1946: together with the number of deaths occurring from the disease, and the death-rates.

DISTRICT	Population 1946 (estimate of Registrar- General	Notifications 1946			Deaths 1946			
		Pulmonary	Other	Total	Pulmonary		Other	
					Number	Rate per 1,000 pop'n.	Number	Rate per 1,000 pop'n.
URBAN								
Ashford U.	23,170	20	3	23	12	0.52	1	0.05
Beckenham B. ...	70,330	69	9	78	22	0.32	—	—
Bexley B.	85,820	108	11	119	36	0.42	5	0.06
Broadstairs U. ...	12,080	11	3	14	4	0.34	—	—
Bromley B.	60,540	82	9	91	20	0.34	3	0.05
Chatham B.	39,550	75	9	84	36	0.92	1	0.03
Chislehurst and Sidcup U.	67,870	78	15	93	23	0.34	5	0.08
Crayford U.	25,780	35	5	40	10	0.39	—	—
Dartford B.	37,030	50	6	56	25	0.68	4	0.11
Deal B.	20,200	30	8	38	10	0.50	8	0.40
Dover B.	29,640	48	9	57	17	0.58	3	0.11
Erith B.	42,900	48	—	48	24	0.56	4	0.10
Faversham B. ...	11,970	8	2	10	3	0.26	2	0.17
Folkestone B. ...	35,950	45	12	57	14	0.39	5	0.14
Gillingham B. ...	60,750	88	26	114	38	0.63	7	0.12
Gravesend B. ...	40,340	45	7	52	16	0.40	2	0.05
Herne Bay U. ...	17,170	11	5	16	16	0.94	2	0.12
Hythe B.	7,963	—	—	—	6	0.76	—	—
Lydd B.	1,879	—	2	2	—	—	—	—
Maidstone B. ...	48,550	35	14	49	30	0.62	4	0.09
Margate B.	35,100	66	16	82	12	0.35	3	0.09
New Romney B. ...	1,753	—	2	2	—	—	—	—
Northfleet U. ...	17,880	21	2	23	13	0.73	2	0.12
Orpington U. ...	56,640	65	9	74	11	0.20	3	0.06
Penge U.	22,980	32	6	38	9	0.40	1	0.05
Queenborough B. ...	2,901	1	—	1	3	1.04	—	—
Ramsgate B.	30,930	44	4	48	18	0.59	3	0.10
Rochester C.	38,770	55	8	63	23	0.60	2	0.06
Sandwich B.	3,375	3	1	1	2	0.60	—	—
Sevenoaks U. ...	14,150	9	8	17	5	0.36	—	—
Sheerness U. ...	14,070	14	1	15	7	0.50	—	—
Sittingbourne and Milton U.	21,040	14	2	16	9	0.43	1	0.05
Southborough U. ...	8,312	10	2	12	4	0.49	—	—
Swanscombe U. ...	7,696	8	1	9	4	0.52	1	0.13
Tenterden B.	3,841	1	2	3	—	—	2	0.53
Tonbridge U.	18,680	14	4	18	8	0.43	1	0.06
Tunbridge Wells B. ...	37,560	27	3	30	7	0.19	3	0.08
Whitstable U. ...	16,040	12	7	19	5	0.32	1	0.07
TOTALS—URBAN ...	1,091,200	1,282	233	1,515	502	0.47	79	0.08
RURAL								
Ashford, East	8,722	—	—	—	3	0.35	—	—
Ashford, West	8,570	—	—	—	1	0.12	—	—
Bridge-Blean	17,510	13	5	18	6	0.35	2	0.12
Cranbrook	13,350	12	—	12	3	0.23	1	0.08
Dartford	34,700	29	8	37	13	0.38	2	0.06
Dover	8,320	6	1	7	9	1.09	3	0.37
Eastry	19,590	8	4	12	8	0.41	2	0.11
Elham	8,217	—	—	—	3	0.37	—	—
Hollingbourn	15,290	14	12	26	4	0.27	5	0.33
Maidstone	17,630	12	7	19	5	0.29	—	—
Malling	32,160	34	13	47	15	0.47	4	0.13
Romney Marsh	3,421	—	6	6	1	0.30	—	—
Sevenoaks	30,560	33	3	36	14	0.46	2	0.07
Sheppey	8,236	10	1	11	1	0.13	—	—
Strood	17,830	20	3	23	2	0.12	1	0.06
Swale	17,640	12	6	18	8	0.46	1	0.06
Tenterden	6,494	2	2	4	2	0.31	1	0.16
Tonbridge	19,870	19	4	23	7	0.36	—	—
TOTALS—RURAL ...	288,110	224	75	299	105	0.37	24	0.09
TOTALS—URBAN ...	1,091,200	1,282	233	1,515	502	0.47	79	0.08
TOTALS—COUNTY ...	1,379,310	1,506	308	1,814	607	0.45	103	0.08

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS.

Summary of Notifications during the period from the 1st January, 1946, to the 31st December, 1946,
in the County of Kent.

AGE PERIODS.				Formal Notifications.										Total Notifications		
				Number of Primary Notifications of new cases of Tuberculosis												
				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65		65 and up- wards	Total (all ages)
Pulmonary—																
Males				—	9	25	18	69	124	223	154	116	65	40	843	879
Females				2	13	33	27	112	111	175	85	45	30	12	645	678
Non-pulmonary																
Males				—	21	40	27	8	11	12	5	2	3	5	134	136
Females				—	13	29	26	26	15	23	9	10	5	—	156	161

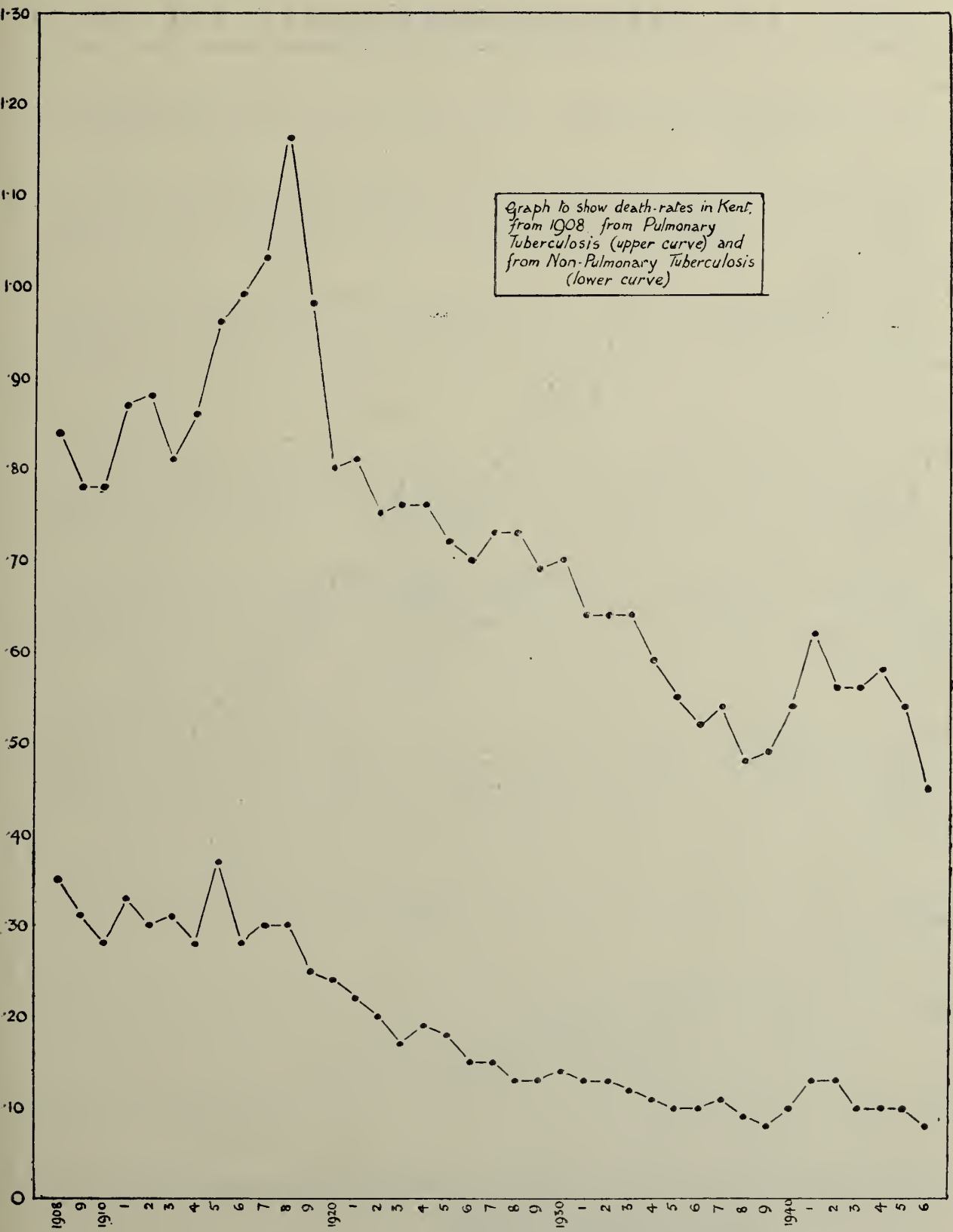
SUPPLEMENTAL RETURN.

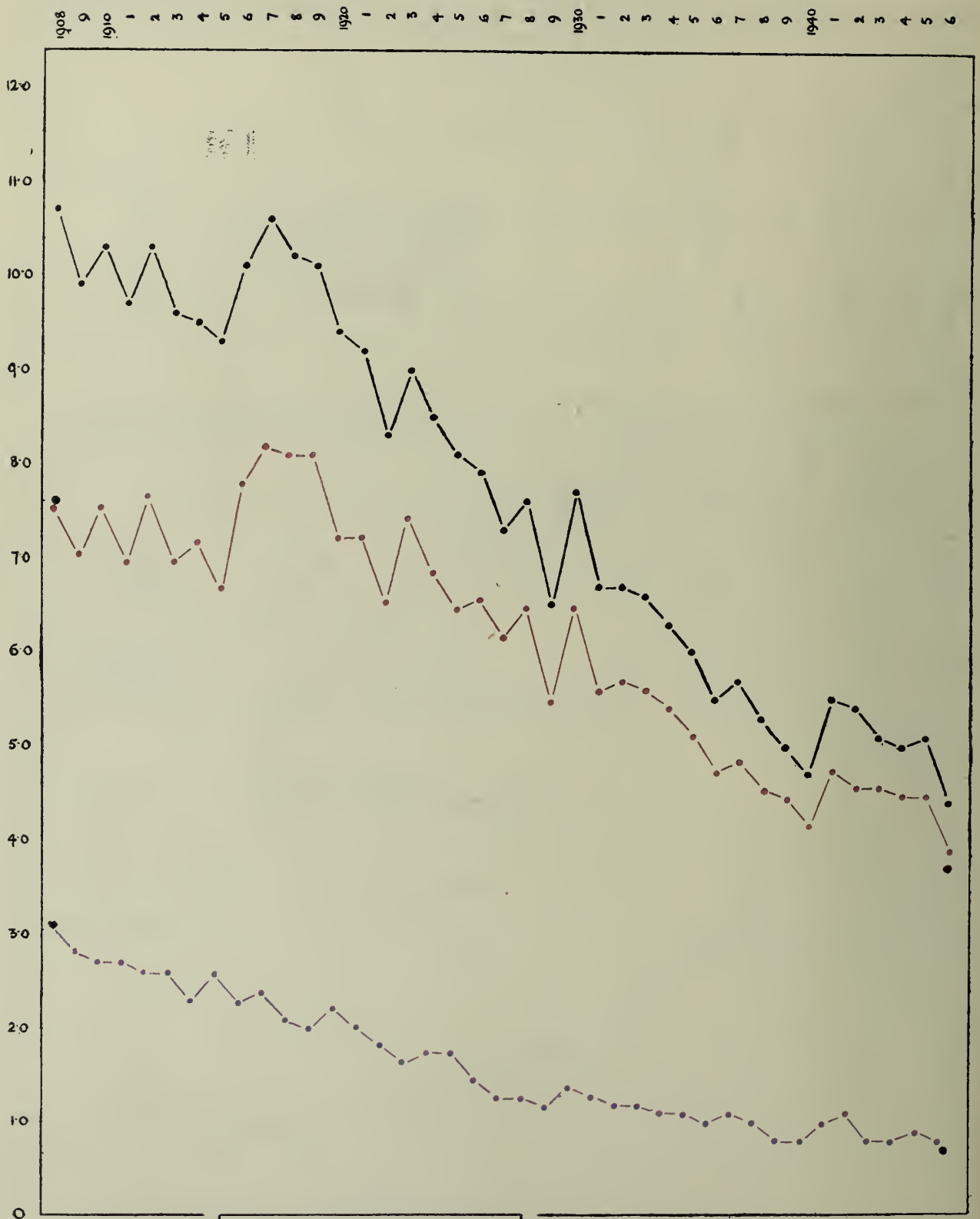
Showing new cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above mentioned period, *otherwise* than by formal notification.

AGE PERIODS.				0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total Cases.
Pulmonary—															
Males...	...	...	...	—	2	3	4	8	30	78	45	18	10	12	210
Females	...	...	...	1	1	1	3	6	42	91	23	12	5	8	193
Non-pulmonary—															
Males	...	...	...	1	2	5	1	—	1	4	1	1	—	2	18
Females	...	...	...	—	1	—	3	—	2	8	2	1	1	1	19

SOURCE OF INFORMATION.

[illegible]





Graph to show deaths from Tuberculosis, from 1908, expressed as a percentage of deaths from all causes
 Tuberculosis (all forms) = Black
 Tuberculosis (respiratory) = Red
 Tuberculosis (other) = Blue

Orthopaedic Service

During the year, the Public Health Committee gave consideration to the re-organization of the orthopaedic services which provide treatment for children, and patients suffering from certain forms of surgical tuberculosis.

The Committee had already decided to develop the orthopaedic unit which had been built up at the County Hospital, Pembury, during the war years, to serve as a centre for the treatment of long-stay patients. To this end, consultations have already taken place with the County Education Officer, to make this unit a hospital school, and the approval in principle of the Ministry of Education has been received to this project.

It was therefore decided to appoint a whole-time orthopaedic surgeon of consultant rank, whose duties would be to take charge of the orthopaedic unit at the County Hospital, Pembury, and to review the non-hospital orthopaedic services provided by the County Council. Mr. J. H. Mayer, F.R.C.S. was appointed and towards the end of the year completed a survey which had the following objectives :—

1. To provide orthopaedic out-patient clinics within a reasonable reach of all potential patients in the County.

2. To increase the number of clinics held at each out-patient centre, so that every patient who needs it may obtain physiotherapy treatment at least three times a week; at present, treatment is provided only once a week at most of the centres run by County Physiotherapists, and this is inadequate for modern therapy.

3. The scheme to be expansible: at present, only patients suffering from surgical tuberculosis, and patients sent on behalf of the Education Committee, the County Maternity and Child Welfare Committee and some of the Autonomous Welfare Authorities attend. To make it the aim ultimately to provide a service for all orthopaedic complaints at all ages, and also ultimately to include the treatment of injuries at all ages.

4. To add certain other County orthopaedic facilities if and when they become necessary, both for in-patients and out-patients.

A number of the recommendations put forward, particularly in regard to increasing the number of clinics, were put into effect before the end of the year and it is hoped, within a reasonably short measure of time, to carry out most of the proposals which will provide an excellent orthopaedic service closely linked to the hospitals providing specialized treatment.

At the close of 1946 there were eleven clinics with a total number of attendances of patients during the year of 9,058.

During 1946, long-term residential treatment was provided for thirty-six patients and fifty-four other patients were treated in local hospitals.

County Pathological Services.

There was a considerable increase in the work done in the Central Laboratory at Maidstone during the year, and the Table below shows the position for the past 10 years.

Year	Diphtheria Swabs	Widals (Typhoid Fever)	Sputum (Pulmonary Tuberculosis)	Venereal Diseases	Water Examinations	Milk Examinations	Histological Examinations	Biochemistry	Haematology	Various	Totals
1937 ...	18,107	308	6,303	11,942	599	3,612	591	1,226	313	13,426	56,427
1938 ...	21,732	371	6,231	15,078	2,105	4,077	823	1,477	558	14,224	66,676
1939 ...	20,163	348	6,272	18,131*	2,089	3,874	927	1,975	998	15,273	70,050
1940 ...	8,759	405	7,009	29,501*	1,826	2,881	998	3,175	1,464	10,385	66,383
1941 ...	9,060	617	7,994	32,544*	2,362	2,983	1,273	6,201	2,184	14,462	79,680
1942 ...	7,664	452	8,690	30,269*	2,288	3,229	1,771	8,575	2,686	17,099	82,733
1943 ...	12,776	437	10,241	45,871*	1,959	3,743	2,134	6,282	3,740	28,443	115,626
1944 ...	9,483	577	11,321	58,268*	1,920	2,854	2,276	5,552	6,255	26,434	124,940
1945 ...	9,696	558	13,928	51,643*	1,748	3,246	2,213	7,231	10,107	28,348	128,718
1946 ...	7,548	712	19,976	56,991*	1,840	2,946	2,715	3,306	26,340	25,457	147,831

*The increase in this figure since 1939 is to a great extent due to routine examinations made in connection with Ante-natal clinics, and until 1945 to blood specimens examined for the Blood Transfusion Service.

The County Laboratory provides a free comprehensive service to all medical, dental and veterinary practitioners in the County, and it will be seen that 19,000 more specimens were examined in 1946 than in the previous year. Examinations in connection with Tuberculosis, Venereal Diseases and Haematology showed a marked increase, whereas those connected with Diphtheria, Typhoid Fever and Biochemistry showed a decrease. Three branch laboratories in hospitals were re-opened by the recruitment of additional technicians, and this is reflected in the decrease in biochemical examinations in the Central Laboratory.

The proposals approved by the County Council for the revision of staffing arrangements in the pathological laboratories of the County Hospitals will result in an alteration of certain of the responsibilities undertaken by the Central Laboratory. Although the appointment of five pathologists to the staffs of the Council's hospitals will result in an increase in the amount of work done in the Hospital laboratories, it is probable that while this will cause a decrease in the number of certain examinations done in the Central Laboratory, the general expansion of pathological work will result in an increase in other directions. At the present time there is close association between the staff of the Central Laboratory and laboratory staffs of the Hospitals. All media are made centrally and all biological tests are also carried out in Maidstone. A study of the table, however, gives rise to interesting reflections on the change that has come about during the past 10 years. From the standpoint of laboratory examinations it will be seen that diphtheria is now becoming an infectious disease of lesser importance, as the number of specimens sent in has dropped in 10 years from 18,107 to 7,548. Examinations in connection with the Tuberculosis Service have shown an increase from 6,303 in 1937 to 19,976 in 1946.

No sera were received during the year for V.D. examinations from the blood transfusion services, and the increase in the number of tests made is due to an increase in clinical specimens mainly from the Council's own clinics. The heading of Water Examinations includes examinations on drinking waters (public supplies and well waters), public bath waters, river waters and cress beds. There were 1,840 such examinations as compared with 1,748 in the previous year, and an increase of 101 examinations of drinking waters. Bacteriologically, the main drinking supplies were, in general, again very satisfactory.

The number of haematological examinations was nearly trebled, and this is mainly the result of the introduction of the Rh test as a routine in the conduct of ante-natal clinics in the County Maternity and Child Welfare area and the County Hospitals.

Histological examinations increased by about 500 to a total of 2,718, and it is interesting to note that the increase which occurred during the year 1946 was almost equal to the total number of sections examined 10 years ago.

Of the 1,999 biological tests for tubercle bacilli in milk, 60 gave positive results and these came from the following sources :—

28 out of 331 specimens examined for the Ministry of Agriculture and Fisheries, i.e. 8.3% positive as compared with 6.2% in 1945.

29 out of 1,384 specimens taken from bulk supplies and

3 positive school milks out of a total of 233 samples tested, i.e. 1.3% positive as compared with 1.8% in 1945.

A biological test that was increasingly made use of during the year was the Aschheim-Zondek pregnancy diagnosis examination. 2,092 specimens were examined as compared with 1,608 in 1945. This test will indicate whether a woman is pregnant some 14 days after conception, and the fact that it is available, free of cost, to patients means that a rapid diagnosis of pregnancy is possible and this enables early application to be made for the additional supply of rationed foods which are available to expectant mothers.

The staff in the central laboratory is now 3 pathologists, 19 technicians and 13 clerical and other workers.

Hospital Services.

The year 1946 was the first complete year that the whole of the General Hospitals provided by the County Council were administered by the Public Health Committee. The table on page 34 shows the work carried out in the Public Health Hospitals which provide some 4,100 beds. In addition the hospital section of the Department was responsible for the administration of 2 Sanatoria providing 265 beds and 2 Convalescent Homes providing 106 beds.

The removal of restrictions upon the recruitment of full-time staff for the Public Health Services gave the Committee the opportunity during the year to put into effect part of the plans which had been prepared during the war years for revision of the medical staffing arrangements. This revision was made upon a new conception of medical staffing which provided for the recruitment of a number of specialist medical officers of consultant rank, who would be concerned not only with the responsibility of some particular hospital unit or department, but also with responsibility for advisory and consultative duties in connection with their special work insofar as the Council's non-hospital services were concerned. These proposals were, of course, of particular interest in relation to Paediatric and Orthopaedic services, and appointments were made to these services at the end of the year. Unfortunately, progress has been hampered by an inability to carry out many of the proposals for re-organization and expansion for which the Council had voted the money and by the general difficulties of staff recruitment.

The difficulties in regard to staff recruitment were particularly reflected in the position so far as the chronic sick were concerned. It is not generally appreciated that the Public Health and Public Assistance Committees provide a closely integrated service for this group of patients, and that the proper care of these patients has a bearing upon the general efficiency of the Council's hospital services. This arises from the fact that insofar as is possible, all chronic sick patients should receive a complete investigation and any necessary treatment in general hospitals before being admitted to chronic sick establishments where the specialist services of a hospital are available. If, however, chronic sick establishments have inadequate staffing, then the transfer of patients from the general hospitals is interrupted and the latter find increasing difficulties in maintaining their proper functions. Particularly is this the case that many municipal general hospitals experience difficulty in carrying out an adequate training of their nurses because of the undue proportion of chronic sick in the general wards. To prevent this situation arising, it was necessary to arrange that the number of chronic sick who were under treatment in the Council's general hospitals on 1st April, 1945, should not be increased. It must, however, be recorded that during the year the staffing position did not improve and as a result of representations to the Ministry of Health, a deputation from the Ministries of Health and Labour, headed by the Parliamentary Secretary of the latter Ministry, visited certain Kent establishments in order that a study might be made on the spot of the difficulties which were arising. Particular attention was paid on these visits to the problems associated with the Council's inability to carry out the great majority of building works for which money had already been provided.

In order that there might be a proper evaluation of the Council's needs, a survey was carried out in conjunction with a Medical Officer of the Ministry of Health, of all the Committee's establishments in order that there might be a proper classification according to urgency of all building projects already approved. The cost of these building projects totals approximately £580,000. An opportunity was also taken during the survey of reviewing any further works that might be necessary to bring about proper working facilities for the staff and proper residential accommodation. Many of the projects which were reviewed were two, three and even four years old and a great deal of work was necessary to revise the prices and bring estimates up-to-date. At the end of the year, the Public Health Committee's building programme was valued at £1,090,000 and of this amount approximately only £70,000 had been spent, although the major proportion of these works have been approved by the Ministry of Health as equal in urgency to housing.

During the year a survey was carried out to establish the position in respect of the chronic sick, as the last time this had been done was in 1936. In 1936, 1,913 patients coming into this category were accommodated in County establishments and the position ten years later was as follows :—

Number of chronic sick patients in general wards of county hospitals	...	350
Number of chronic sick patients in county establishments for the chronic sick	... ..	1,441
Number of chronic sick patients in Kent voluntary hospitals	... ..	40
Number of chronic sick patients awaiting admission (increased to 822 at end of January, 1947)	... ..	640
		<hr/> 2,471 <hr/>

The classification of the patients under treatment gave the following results :—

	Under 65		65 and over		Totals	Percentages
	Men	Women	Men	Women		
Cardiovascular Disease ...	27	16	196	220	459	25.1
Organic nervous disease ...	88	109	99	109	405	22.1
Senility only ...	—	—	89	147	236	12.9
Arthritis ...	16	25	44	100	185	10.1
Respiratory disease ...	16	6	51	34	107	5.8
Fractured neck of femur ...	1	1	15	47	64	3.5
Senile dementia ...	3	5	18	37	63	3.4
Inoperable cancer ...	1	2	37	23	63	3.4
Genito-urinary disease ...	3	2	29	1	35	1.9
Other ...	26	32	69	87	214	11.7

Of the persons who were provided with treatment in County establishments, 869 were the responsibility of the Public Assistance Committee in ten mixed institutions, while 922 were in Public Health establishments. Of these, 350 were in general hospitals and the remaining 572 in two chronic sick hospitals. A review of the classification according to physical condition shows the nursing problem which is involved. Apart from the recruitment of part-time nurses and ward orderlies, continued efforts have been made to re-open beds which have had to be closed owing to lack of staff. In particular, the training facilities for pupil assistant nurses have been constantly under review, and the Council has now five training schools for female pupil assistant nurses and one for male pupil assistant nurses, having in all some 130 students. The present training facilities provided by the Council are as follows :—

(a) *Pre-Nursing Courses.*

The Education Committee has arranged pre-nursing courses in technical schools in an endeavour to "bridge the gap" between leaving school and commencing a nursing career. It is a year's full-time course and the girls attending are 16 years plus ; some of them are from secondary schools, but the majority are girls who leave the elementary schools at the age of 14 to take a two years' course in domestic science and general subjects at a Technical School and then pass on to a pre-nursing course at 16½ years of age. The course includes such subjects as anatomy and physiology, general science, biology, hygiene, cooking and dietetics, English, arithmetic, geography, history, music, etc.

The pupils are able to sit for the Part I of the Preliminary State Examination at the end of the course before entering into hospital.

There are six courses in the County, at Bexleyheath, Chatham, Bromley, Folkestone, Canterbury and at the County High School at Ashford. A further course has been arranged at the Gravesend Technical School which it is hoped will be commenced this term, and arrangements are being made for a course at the Tonbridge Technical School as soon as accommodation is available. The average number of pupils in each course is twelve.

The majority of the girls taking these courses enter the London Hospitals. Up to date only four from Chatham have entered County Hospitals and two from the Folkestone School.

Officers of the Public Health Department, both medical and nursing, have collaborated in the setting up and administration of these courses. So far as the staffing position permits, every effort is made to arrange for nursing and medical officers on the staff to give appropriate lectures.

(b) *Nursery Nurses' Training.*

Girls of 16 years of age are received into the Day and Residential Nurseries and given a two years' course of training in nursery work.

A course has been instituted by which theoretical instruction is given at the County Technical Schools where the students attend for two whole days a week, the remainder of their time being spent on practical work and training in the Nurseries. Courses have been held this year at Bexley, Chatham and Sidcup.

The students sit for an examination and if successful obtain the National Nursery Nurses' Certificate which qualifies them for a post as Nanny in a private house or as a staff nurse in a Nursery. It is also a good way of "bridging the gap" for girls who are anxious to take up nursing but are unable to remain at school or take a pre-nursing course.

(c) *General Training.*

There are five hospitals in the County which are complete Training Schools for Nurses. They are the County Hospitals of Farnborough, Pembury, Chatham, Dartford and Folkestone. All of these hospitals, with the exception of Folkestone (who send their students to Farnborough Hospital) have a preliminary training school in which the student nurse spends the first three months and receives the bulk of her lectures on anatomy and physiology ; also lectures and demonstrations on the theory and practice of nursing. They are required to pass an examination before entering the wards. By this means the student nurses are given an insight into hospital life and also any undesirable person is weeded out.

During the whole three years' training the student nurse receives lectures on anatomy and physiology, medicine, surgery, gynaecology, ear, nose and throat diseases, etc., by medical men who specialise in the subject; also coaching classes and practical demonstrations are given by a qualified Sister Tutor in the lecture room and bedside tuition from the Ward Sister.

The students are required to sit for the Preliminary Hospital and State examination at the end of their first year of training and the Final Hospital and State Examination at the end of their third year.

The student who obtains the highest number of marks in the Hospital Final examination is awarded a gold medal by the County Council. All the hospitals have very well equipped class rooms.

The County Hospital at Farnborough has been approved as a complete Training School for Male Nurses, and the arrangements made in this connection are proving very successful.

(d) *Affiliated Training.*

The County Hospitals of Lenham and Kettlewell are Training Schools in affiliation with the County Hospitals of Pembury and Farnborough. The students spend the first two years in the Sanatorium and receive lectures on anatomy and physiology, hygiene, practical nursing and the tuberculosis diseases, by the Doctor and Sister Tutor. They are required to sit and pass the Preliminary State examination and also the Tuberculosis Association examination during the two years. If successful, they go to either Pembury or Farnborough Hospitals for a further two years' training and sit for the Final State examination. Therefore, at the end of four years' training the student is a fully qualified state registered nurse and also holds the Certificate of the Tuberculosis Association.

(e) *Tuberculosis Training.*

Tuberculosis training is mentioned in the preceding paragraph. The County Hospitals of Lenham and Kettlewell are recognised as Training Schools for the Certificate of the Tuberculosis Association.

Application has again been made to the Association for the recognition of the Tuberculosis Unit at the County Hospital, Orpington, as a Training School.

(f) *Associated Training.*

The General Nursing Council have recently approved the County Hospital, Sheppey, as an associated training school with the County Hospital, Chatham. The student nurses will spend the first three months in the Preliminary Training School at the County Hospital, Chatham, and then return to Sheppey for the remainder of the year. During the second year they will return to Chatham for a period of six months in order to gain experience in the nursing of sick children and ear, nose and throat work. The training will take three and a half years.

The General Nursing Council have also provisionally approved the association of the Royal Victoria Hospital and the County Hospital, Dover, as a training school for nurses for a period of two years. The student nurses from the Royal Victoria Hospital will gain experience in medical nursing at the County Hospital.

(g) *Assistant Nurses' Training.*

This is a two-years course of training for work in the chronic-sick hospitals. The candidates are recruited from girls who are interested in nursing, but who find it difficult to qualify for state-registration owing to educational limitations. The training is carried out at the County Hospital, Orpington, County Hospital, Hothfield, and the Willesborough Hospital, administered by the Public Health Committee, and at the Coxheath and Lyminge Hospitals, administered by the Public Assistance Committee. A central Preliminary Training School has been formed at the County Hospital, Dover, in which all pupil assistant nurses spend the first month before commencing training.

Two whole-time sister tutors are employed, one for the Preliminary Training School at Dover and the other teacher at Willesborough, Hothfield and Coxheath Hospitals. The County Hospital, Orpington, has a part-time tutor; also Lyminge Hospital.

Male pupil assistant nurses are being trained at the County Hospital, Orpington and at Coxheath.

All these hospitals have now been approved by the General Nursing Council as training schools.

(h) *Post Graduate Courses.* (i) *Midwifery.*

This training consists of two parts, each of six months, provided that a pupil-midwife is also a state registered nurse. In the event of the pupil-midwife not being a state registered nurse the course would need to be extended to two years, and this is not possible at the present time by reason of the serious lack of appropriate accommodation for nursing staff in the Committee's Hospitals. It has, therefore, been necessary, so far, to confine midwifery training to pupils who are already state registered nurses.

Part I of the course is taken at the County Hospital, Farnborough, and only enables a nurse to qualify as a maternity nurse. Part II is taken on the completion of Part I and on its completion the necessary qualifying examination has to be passed to enable the pupil to become a state certified midwife.

The County Hospitals at Pembury, Dartford and Chatham are approved by the Central Midwives Board for Part II of the training. During this period of training pupil-midwives have to spend three months doing domiciliary midwifery, and they do this with one of the nine County Midwives who are specially approved as teachers by the Central Midwives Board.

(ii) *Training in the Administration of Gas and Air Analgesia.*

Approved courses for the training of midwives in the administration of gas and air analgesia have also been set up at the County Hospitals at Farnborough and Pembury. The course lasts a fortnight and is open to all midwives practising in the County. A number of County Midwives

have already been trained, but the serious shortage of staff has precluded wide advantage being taken of this facility. It may be mentioned that the Committee has already approved a capital sum for the purchase of the appropriate analgesia apparatus for use in childbirth, and a number are now on order but have not been delivered owing to supply difficulties.

During the year, attention was given to various proposals to improve the organisation of the County Hospital Services, and an experiment was undertaken at one large hospital with the object of reducing the use of trained nursing staff for duties which might be carried out by lay persons. Lay women were appointed to take charge of the Nurses' Homes and domestic staff, being directly responsible to the Medical Superintendent of the Hospital so as to relieve the Matron of her duties in this connection. It is interesting to record that while the experiment of having a lay officer in charge of recruitment, allocation and welfare of domestic staff has worked well and has been extended to another hospital, the experiment of removing the control of Nurses' Homes from the ambit of the Chief Nursing Officer of the hospital was not a success.

On experience at this hospital the conclusion was reached that the time is not yet ripe for the responsibility for nurses' accommodation to be separated from the general nursing administration of the hospital, and it is of interest to record that it was the nurses themselves who came to the conclusion that their welfare was best served if they were looked after by Home sisters who possessed nursing qualifications.

Early in the year the Catering Officer who had been appointed to the Central Staff took up duties and commenced a survey of the catering services in all Public Health establishments. Considerable attention has, of course, been given to improving the catering arrangements for staff and patients so far as was possible during the war years. A detailed report was prepared by the Catering Officer and the various principles enumerated were accepted by the Public Health Committee as a basis for a major reorganisation of hospital catering services.

A commencement was made towards the end of the year to bring the re-arrangement approved by the Committee into effect. The basis of this re-organisation is to divide the hospitals into three groups and is effected as follows :—

Group 1.—The larger hospitals at Chatham, Dartford, Farnborough, Orpington and Pembury, are each to have a catering officer directly responsible to the Medical Superintendent for all catering arrangements. This catering officer would have suitable supervisors, including a trained chef for work in the kitchens.

Group 2.—The hospitals at Dover, Folkestone, Kettlewell, Lenham, Sheppey and Willesborough would retain the existing administrative structure since by reason of their size the responsibility in so far as catering is concerned relate more to practical control than to administrative requirements. It is proposed that a food supervisor with dietetic experience should be appointed to the staff of each hospital and under the general direction of the Matron carry out the catering services.

Group 3. The establishments in this group are the Hothfield hospital and the Convalescent Homes at Cranbrook and Southborough, and the existing system of employing a head cook responsible to the Matron is satisfactory.

The proposals accepted by the Public Health Committee also include the system of Catering Advisory Committees in the hospitals and provision for the recruitment and training of suitable staff

During the year, the County Convalescent Home, David Salomons House, was released from the Emergency Hospitals Scheme and became available for convalescent women patients.

What might be regarded as an interesting anticipation of the provision made for hospital services in the National Health Services Act, was brought into operation at the end of the year in Dover. Prior to the war, the County Council had no hospital services in Dover, apart from some 200 chronic sick beds in the Dover Institution. At the outbreak of war, the whole of the inmates and patients were evacuated from this institution and the house portion, which had been opened in the spring of 1939, was converted into an emergency hospital of some 100 beds. Following the end of the war, negotiations were opened with the Governing Board of the Royal Victoria Hospital, Dover (70 beds), as to whether some amalgamation of hospital services could not be achieved, in order to provide the community with a co-ordinated hospital service. Agreed arrangements have now been put into effect whereby the two hospitals, while remaining under their respective Committees of Management, will provide a planned and co-ordinated hospital service. As a broad division of function, the voluntary hospital deals with surgical patients and out-patients, while the County hospitals deals with medical patients. There is a common staff for services in connection with pharmacy, radiography and physiotherapy, and the medical and nursing staffs of the two hospitals are, so far as is possible, interchangeable.

Details of work carried out at Public Health Hospitals during 1946

	County Hospital Farnborough [828 beds]	County Hospital Farnborough [632 beds]	Willes- borough Hospital [174 beds]	County Hospital Sheppey [129 beds]	Royal Victoria Hospital Folkestone [126 beds]	County Hospital Dover [100 beds]	County Hospital Chatham [416 beds]	County Hospital Dartford [430 beds]	County Hospital Orpington [1,138 beds]	Hothfield Emergency Hospital [144 beds]	TOTAL [4,117 beds]
A. IN-PATIENTS.											
1. Number of Admissions (in- cluding infants born in Hospital)	7,855	5,298	1,614	1,566	3,225	1,024	3,760	4,504	3,913	58	32,817
2. Number of Surgical Opera- tions under general anaes- thetic (excluding dental operations)	3,530	1,516	1,098	684	1,796	264	984	1,584	4,596	—	16,052
3. Number of women confined in Hospital	1,133	810	—	307	438	16	825	886	—	—	4,415
4. Number of X-rays taken	16,302	14,217	2,074	1,960	8,554	584	2,784	5,511	9,976	—	61,962
5. Number of treatments carried out in massage and electro- therapy departments ...	37,332	19,524	3,394	4,487	14,089	160	10,355	7,900	56,149	1,142	154,532
B. OUT-PATIENTS.											
1. Total of new patients seen in Out-patient Department	9,000	3,728	1,927	1,512	7,021	4,455	1,109	11,676	2,126	—	42,554
2. Total number of attendances	37,303	7,274	5,452	7,700	28,588	6,481	4,891	50,379	3,298	—	151,366
3. Ante-Natal Clinic.											
(a) Number of expectant mothers seen	1,083	869	17	333	298	—	929	1,179	—	—	4,708
(b) Total number of attend- ances	3,708	3,616	28	1,337	1,000	—	3,716	8,807	—	—	22,212

VENEREAL DISEASES

The revision of the medical staffing arrangements referred to on page 30 of this report under the heading of "Hospital Services" resulted in two whole-time senior Medical Officers of consultant rank being appointed for venereology and dermatology.

C. M. Ockwell, M.D., F.R.C.S., and E. E. Prebble, M.D., were appointed during the year and the part-time engagements of Drs. Nicol, Erskine and McElligott ceased. Dr. Ockwell acts as Dermatologist at the County Hospitals at Farnborough and Dartford, and Dr. Prebble acts in a similar capacity at the County Hospital, Chatham and the Royal Victoria Hospital, Folkestone.

The following statistics have been furnished to the Ministry of Health in regard to notifications received under Civil Defence Regulation 33B for the period January 1st to December 31st, 1946.

	M.	F.
1. Total number in respect of whom Form 1 received... ..	9	56
2. Number of cases in (1) in which attempts were made outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second Form 1 :—		
Contacts found	3	36
Contacts examined	1	34
3. Number of those in (1) in respect of whom two or more Forms 1 were received	1	5
4. Number of those in (3) who were :—		
(a) Found	1	5
(b) Examined after persuasion	1	5
(c) Served with Form 2	—	—
(d) Examined after service of Form 2	—	—
(e) Prosecuted	—	—

The arrangements with the Central Council for Health Education were continued. Public Meetings were held and lectures given by doctors. Parents Meetings were also arranged and a lecture given on "Sex Education and the Parent." Youth Clubs were also attended by lecturers and talks given at certain Schools to School "Leavers."

Arsenobenzene compounds were supplied to approved practitioners as follows :—

- (a) Private practitioners (9)—305 doses for treatment of 75 patients.
- (b) Medical Officers (5) of treatment centres—6,370 doses.

The County Council continued to participate in the London and Home Counties Scheme and details of the work carried out are included in the following summary relating to Kent clinics during 1946.

1. No. of persons who, on January 1st, 1946, were under treatment or observation for :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Non. V.D. or undiagnosed		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	11	12	—	—	5	21	3	8	19	41
Canterbury	35	56	—	—	22	25	19	20	76	101
Dartford	15	30	—	—	10	10	2	26	27	66
Dover	23	37	—	—	16	9	—	—	39	46
Gravesend	53	36	—	—	13	10	5	5	71	51
Maidstone	13	23	—	—	11	37	3	14	27	74
Margate	24	23	—	—	7	30	3	7	34	60
Rochester	98	107	—	—	18	29	31	15	147	151
Sheerness	5	4	—	—	3	2	—	1	8	7
Tunbridge Wells ...	28	44	—	—	7	14	6	15	41	73
Totals	305	372	—	—	112	187	72	111	489	670

2. No. of persons removed from the register during any previous year who returned during the year for treatment or observation of the same infection :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	1	—	—	—	1	4	2	4
Canterbury	—	2	—	—	—	—	—	2
Dartford	—	—	—	—	—	2	—	2
Dover	1	—	—	—	1	—	2	—
Gravesend	—	—	—	—	—	—	—	—
Maidstone	—	—	—	—	3	3	3	3
Margate	5	—	—	—	1	1	6	1
Rochester	—	—	—	—	—	—	—	—
Sheerness	—	1	—	—	—	—	—	1
Tunbridge Wells ...	1	2	—	—	3	—	4	2
Totals	8	5	—	—	9	10	17	15

3. No. of persons dealt with during the year at, or in connection with the out patients clinics for the first time (exclusive of persons in (4) below) suffering from :—

Clinic	Syphilis								Soft Chancres		Gonorrhœa				Non V.D. or un- diagnosed		Total	
	Primary		Secondary		Latent in 1st year		All later stages		Cong'l.		1st year of infection		Later		M.	F.	M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
Ashford ...	1	2	2	1	1	2	4	2	1	—	5	8	30	15	44	30		
Canterbury	12	3	5	7	4	7	9	7	—	1	49	32	155	84	237	141		
Dartford	10	8	2	5	4	3	6	5	1	1	23	8	146	185	192	215		
Dover ...	6	3	2	6	1	2	5	16	2	3	56	19	79	47	151	96		
Gravesend	22	7	6	5	3	3	10	2	—	1	75	23	272	65	388	106		
Maidstone	12	10	2	2	1	4	7	2	1	2	17	25	84	38	124	83		
Margate	6	2	1	1	—	—	2	3	1	—	25	8	63	36	98	50		
Rochester	14	5	6	7	1	2	6	9	—	2	54	29	221	80	304	134		
Sheerness	1	1	1	—	—	1	—	—	1	—	4	3	18	11	25	16		
Tunbridge Wells	23	4	7	6	—	—	2	1	1	1	31	14	147	81	212	107		
Totals ...	107	45	34	40	15	24	51	47	8	11	339	169	1215	642	1775	978		

4. No. of persons dealt with for the first time during the year known to have received treatment at other clinics for the same infection :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Non V.D. or undiagnosed		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	7	3	—	—	6	2	—	—	13	5
Canterbury	35	9	2	—	40	2	11	1	88	12
Dartford	22	6	—	—	21	4	2	—	45	10
Dover	38	6	—	—	28	3	1	1	67	10
Gravesend	73	7	—	—	71	—	35	—	179	7
Maidstone	19	7	—	—	30	3	8	—	57	10
Margate	17	8	—	—	17	1	3	1	37	10
Rochester	70	9	—	—	52	7	—	—	122	16
Sheerness	2	—	—	—	4	—	—	—	6	—
Tunbridge Wells ...	1	2	—	—	4	—	—	—	5	2
Totals	284	57	2	—	273	22	60	3	619	82

5. No. of persons discharged after completion of treatment and final tests of cure :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Non V.D. or undiagnosed		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	7	3	—	—	11	20	29	19	47	42
Canterbury	6	7	2	—	62	38	133	76	203	121
Dartford	12	8	—	—	32	16	136	189	180	213
Dover	1	1	—	—	35	11	64	48	100	60
Gravesend	20	13	—	—	69	26	269	59	358	98
Maidstone	5	10	—	—	36	43	81	46	122	99
Margate	9	8	—	—	25	23	63	38	97	69
Rochester	8	12	1	—	34	37	227	78	270	127
Sheerness	1	—	—	—	7	2	15	12	23	14
Tunbridge Wells ...	—	1	—	—	13	15	90	74	103	90
Totals	69	63	3	—	324	231	1107	639	1503	933

6. No. of persons who ceased to attend before completion of treatment and were, on first attendances, suffering from :—

Clinics	Syphilis								Soft Chancres		Gonorrhœa				Total			
	Primary		Secondary		Latent in 1st year		All later stages		Cong'l.		M.	F.	1st year of infection		Later		M.	F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.				
Ashford	—	—	—	—	—	—	—	3	—	—	—	—	1	3	—	—	1	6
Canterbury	1	1	—	1	—	1	—	—	1	2	—	—	1	2	—	—	3	7
Dartford	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dover ...	3	2	—	2	5	3	2	1	—	—	—	—	16	5	—	—	26	13
Gravesend	1	2	2	3	2	—	9	—	—	—	—	—	6	1	—	—	20	6
Maidstone	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Margate	—	—	—	—	—	—	2	1	—	—	—	—	6	—	—	—	8	1
Rochester	—	1	—	1	—	—	8	2	—	—	—	—	9	—	—	—	17	4
Sheerness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tunbridge Wells	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Totals ...	5	6	2	7	7	4	21	7	1	3	—	—	39	11	—	—	75	38

7. No. of persons who ceased to attend after completion of treatment, but before final test of cure :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Total	
	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	—	—	—	—	—	1	—	1
Canterbury	2	3	—	—	7	5	9	8
Dartford	—	1	—	—	—	—	—	1
Dover	3	4	—	—	17	9	20	13
Gravesend	8	—	—	—	2	—	10	—
Maidstone	1	2	—	—	3	4	4	6
Margate	1	1	—	—	—	3	1	4
Rochester	10	4	—	—	12	4	22	8
Sheerness	—	—	—	—	—	—	—	—
Tunbridge Wells ...	—	—	—	—	—	—	—	—
Totals	25	15	—	—	41	26	66	41

8. No. of persons transferred to other centres or to Institutions, or to care of private practitioners :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Non V.D. or undiagnosed		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	5	3	—	—	3	6	—	—	8	9
Canterbury	30	13	1	—	27	5	27	6	85	24
Dartford	7	10	—	—	6	1	1	—	14	11
Dover	11	2	—	—	9	—	16	—	36	2
Gravesend	64	7	—	—	59	3	3	—	126	10
Maidstone	9	7	—	—	9	8	1	1	19	16
Margate	15	8	—	—	8	5	1	1	24	14
Rochester	27	11	—	—	17	11	—	2	44	24
Sheerness	—	1	—	—	3	3	2	—	5	4
Tunbridge Wells ...	7	6	—	—	6	2	7	1	20	9
Totals	175	68	1	—	147	44	58	11	381	123

9. No. of persons remaining under treatment or observation on December 31st, 1946 :—

Clinic	Syphilis		Soft Chancre		Gonorrhœa		Non V.D. or undiagnosed		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford	16	13	—	—	2	5	4	4	22	22
Canterbury	59	64	—	—	16	9	25	23	100	96
Dartford	41	39	—	—	16	7	13	22	70	68
Dover	52	58	—	—	24	6	—	—	76	64
Gravesend	61	36	—	—	23	3	40	11	124	50
Maidstone	40	31	—	—	13	13	13	5	66	49
Margate	29	19	—	—	11	9	5	5	45	33
Rochester	141	110	—	—	53	13	25	15	219	138
Sheerness	9	6	—	—	1	—	1	—	11	6
Tunbridge Wells ...	56	52	—	—	27	11	59	22	142	85
Totals	504	428	—	—	186	76	185	107	875	611

10. Total attendances of all persons at the out-patient clinics who were suffering from :—

Clinic	Syphilis		Soft Chancre		Gonor-rhœa		Non V.D. or un-diagnosed conditions		Irrigation		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Ashford ...	297	326	—	—	86	230	110	117	43	648	536	1321
Canterbury ...	781	1173	7	—	450	429	564	269	250	126	2052	1997
Dartford ...	740	665	—	—	228	105	393	441	178	1399	1539	2610
Dover ...	453	522	—	—	379	148	186	108	70	100	1088	878
Gravesend ...	1435	992	—	—	653	495	746	216	672	733	3506	2436
Maidstone ...	652	502	—	—	390	613	283	291	150	308	1475	1714
Margate ...	634	406	—	—	206	355	181	216	292	1476	1313	2453
Rochester ...	2095	1625	6	—	707	503	956	393	1320	579	5084	3100
Sheerness ...	107	107	—	—	44	29	32	37	32	50	215	223
Tunbridge Wells ...	512	590	—	—	222	192	381	254	146	102	1261	1138
Totals ...	7706	6908	13	—	3365	3099	3832	2342	3153	5521	18069	17870

11. Number of persons discharged or transferred or who ceased to attend.

Clinic.	Number of persons discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal.	Number of persons who ceased to attend before completion of treatment and were, on first attendance, suffering from :—			Number of persons who ceased to attend after completion of treatment but before final tests of cure.	Number of persons transferred to other Centres or to institutions, or to care of private practitioners.
		Syphilis.	Soft Chancre.	Gonorrhœa.		
Ashford ...	89	3	—	4	1	17
Canterbury ...	324	7	—	3	17	109
Dartford ...	393	—	—	—	1	25
Dover ...	160	18	—	21	33	38
Gravesend ...	456	19	—	7	10	136
Maidstone ...	221	—	—	—	10	35
Margate ...	166	3	—	6	5	38
Rochester ...	397	12	—	9	30	68
Sheerness ...	37	—	—	—	—	9
Tunbridge Wells ...	193	1	—	—	—	29
Totals ...	2,436	63	—	50	107	504

Clinic.	Number of openings.	Number of persons removed from the register during any previous year who returned for treatment or observation of the same infection.	New Patients				Number of persons (exclusive of those under previous heading) dealt with for the first time, known to have received treatment at other centres for the same infection.	Attendances					In-Patient treatment		Patients discharged including transfers.	Still under treatment
			Syphilis.	Soft Chancre	Gonorrhœa	Non-venereal or undiagnosed conditions.		Syphilis.	Soft Chancre.	Gonorrhœa.	Non-venereal or undiagnosed conditions.	Irrigation.	Patients.	Days.		
Ashford ...	57	6	16	—	13	45	18	623	—	316	227	691	1	10	114	44
Canterbury ...	143	2	55	1	83	239	100	1,954	7	879	833	376	9	75	460	196
Dartford ...	65	2	45	—	31	331	55	1,405	—	333	834	1,577	1	40	419	138
Dover ...	101	2	46	—	75	126	77	975	—	527	294	170	8	94	270	140
Gravesend ...	104	—	59	—	98	337	186	2,427	—	1,148	962	1,405	—	—	628	174
Maidstone ...	51	6	43	—	42	122	67	1,154	—	1,003	574	458	3	30	266	115
Margate ...	55	7	16	—	33	99	47	1,040	—	561	397	1,768	—	—	218	78
Rochester ...	104	—	52	1	84	301	138	3,720	6	1,210	1,349	1,899	—	—	516	357
Sheerness ...	52	1	5	—	7	29	6	214	—	73	69	82	—	—	46	17
Tunbridge Wells ...	52	6	45	—	46	228	7	1,102	—	414	635	248	3	16	223	227
Totals ...	784	32	382	2	512	1,857	701	14,614	13	6,464	6,174	8,674	25	265	3,160	1,486

London and Home
Counties Scheme — —

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392

TABLE 3.—Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1946 (mid-year).

DISTRICT	Population 1946 (as estimated by the Registrar-General)	Acreage, inclusive of Water	Persons per Acre
URBAN—			
Ashford U.	23,170	5,657	4.1
Beckenham B.	70,330	5,937	11.9
Bexley B.	85,820	4,861	17.7
Broadstairs and St. Peter's U. ...	12,080	2,771	4.4
Bromley B.	60,540	6,513	9.3
Chatham B.	39,550	4,356	9.1
Chislehurst and Sidcup U.	67,870	8,959	7.6
Crayford U.	25,780	2,544	10.2
Dartford B.	37,030	4,233	8.8
Deal B.	20,200	2,903	7.0
Dover B.	29,640	3,447	8.6
Erith B.	42,900	4,607	9.4
Faversham B.	11,970	2,994	4.0
Folkestone B.	35,950	4,006	9.0
Gillingham B.	60,750	8,351	7.3
Gravesend B.	40,340	4,014	10.1
Herne Bay U.	17,170	8,566	2.1
Hythe B.	7,963	3,013	2.7
Lydd B.	1,879	11,932	0.2
Maidstone B.	48,550	5,976	8.2
Margate B.	35,100	6,960	5.1
New Romney B.	1,753	1,514	1.2
Northfleet U.	17,880	3,770	4.8
Orpington U.	56,640	20,842	2.8
Penge U.	22,980	770	29.9
Queenborough B.	2,901	1,103	2.7
Ramsgate B.	30,930	3,624	8.6
Rochester C.	38,770	3,759	10.4
Sandwich B.	3,375	2,137	1.6
Sevenoaks U.	14,150	3,716	3.9
Sheerness U.	14,070	943	15.0
Sittingbourne and Milton U. ...	21,040	4,935	4.3
Southborough U.	8,312	1,758	4.8
Swanscombe U.	7,696	2,142	3.6
Tenterden B.	3,841	8,946	0.5
Tonbridge U.	18,680	4,599	4.1
Tunbridge Wells B.	37,560	6,034	6.3
Whitstable U.	16,040	7,658	2.1
TOTALS—Urban	1,091,200	190,850	5.72
RURAL—			
Ashford, East	8,722	51,398	0.17
Ashford, West	8,570	39,455	0.22
Bridge-Blean	17,510	55,868	0.32
Cranbrook	13,350	41,315	0.33
Dartford	34,700	34,103	1.02
Dover	8,320	26,098	0.32
Eastry	19,590	54,276	0.37
Elham	8,217	36,676	0.23
Hollingbourn	15,290	56,796	0.27
Maidstone	17,630	34,709	0.51
Malling	32,160	45,655	0.71
Romney Marsh	3,421	31,035	0.12
Sevenoaks	30,560	62,959	0.49
Sheppey	8,236	20,319	0.41
Strood	17,830	48,811	0.37
Swale	17,640	62,015	0.29
Tenterden	6,494	38,002	0.18
Tonbridge	19,870	41,687	0.48
TOTAL—Rural	288,110	781,177	0.37
TOTAL—County	1,379,310	972,027	1.42

TABLE 4.—Showing Deaths, Births and Infantile Mortality in the different Urban Districts of the County of Kent in the year 1946.

DISTRICT.	DEATHS.		BIRTHS.						INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants, under one year of age per 1,000 births.	
Ashford U. ...	302	13·1	404	26	430	18·6	7	18	2	20	47	
Beckenham B. ...	757	10·8	1,273	62	1,335	19·0	28	34	3	37	28	
Bexley B. ...	734	8·6	1,635	60	1,695	19·8	41	46	4	50	30	
Broadstairs and St. Peter's U. ...	177	14·7	207	15	222	18·4	4	11	3	14	64	
Bromley B. ...	656	10·9	1,119	57	1,176	19·5	33	31	—	31	27	
Chatham B. ...	485	12·3	900	64	964	24·4	31	27	4	31	33	
Chislehurst and Sidcup U.	638	9·5	1,347	65	1,412	20·9	35	45	—	45	32	
Crayford U. ...	249	9·7	541	25	566	22·0	16	21	—	21	38	
Dartford B. ...	369	10·0	695	34	729	19·7	19	18	—	18	25	
Deal B. ...	276	13·7	449	46	495	24·6	12	22	2	24	49	
Dover B. ...	378	12·8	664	65	729	24·6	17	26	3	29	40	
Erith B. ...	449	10·5	914	44	958	22·4	23	28	3	31	33	
Faversham B. ...	160	13·4	244	12	256	21·4	8	9	2	11	43	
Folkestone B. ...	439	12·3	738	74	812	22·6	16	17	2	19	24	
Gillingham B. ...	742	12·3	1,383	87	1,470	24·2	41	47	2	49	34	
Gravesend B. ...	437	10·9	967	58	1,025	25·5	24	27	1	28	28	
Herne Bay U. ...	314	18·3	279	29	308	18·0	6	6	—	6	20	
Hythe B. ...	123	15·5	163	14	177	22·3	4	6	—	6	34	
Lydd B. ...	28	15·0	43	3	46	24·5	—	1	2	3	66	
Maidstone B. ...	576	11·9	991	75	1,066	22·0	15	26	2	28	27	
Margate B. ...	455	13·0	618	66	684	19·5	25	25	4	29	43	
New Romney B. ...	19	10·9	39	3	42	24·0	1	1	1	2	48	
Northfleet U. ...	195	11·0	382	11	393	22·0	15	11	1	12	31	
Orpington U. ...	531	9·4	1,072	65	1,137	20·1	33	39	—	39	35	
Penge U. ...	299	13·1	552	41	593	25·9	20	17	2	19	33	
Queenborough B. ...	31	10·7	69	5	74	25·6	2	2	—	2	28	
Ramsgate B. ...	433	14·0	625	70	695	22·5	20	20	2	22	32	
Rochester C. ...	444	11·5	866	45	911	23·5	19	31	2	33	37	
Sandwich B. ...	53	15·8	75	7	82	24·3	—	1	—	1	13	
Sevenoaks U. ...	173	12·3	249	14	263	18·6	5	5	—	5	20	
Sheerness U. ...	183	13·1	282	20	302	21·5	4	17	—	17	57	
Sittingbourne and Milton U. ...	230	11·0	419	31	450	21·4	12	11	2	13	29	
Southborough U....	128	15·4	156	8	164	19·8	2	8	—	8	49	
Swanscombe U. ...	77	10·1	161	9	170	22·1	2	6	—	6	36	
Tenterden B. ...	53	13·8	65	5	70	18·3	2	4	—	4	58	
Tonbridge U. ...	240	12·9	332	35	367	19·7	8	13	1	14	39	
Tunbridge Wells B. ...	623	16·6	636	65	701	18·7	15	39	—	39	56	
Whitstable U. ...	267	16·7	294	23	317	19·8	6	12	—	12	38	
TOTALS IN URBAN DISTRICTS ...	12,723	11·7	21,848	1,438	23,286	21·4	571	728	50	778	34	

TABLE 5.—Showing Deaths, Births and Infantile Mortality in the different Rural Districts of the County of Kent in the year 1946.

DISTRICT.	DEATHS.		BIRTHS.					INFANTILE MORTALITY.			
	Number of deaths at all ages.	Net death rate per 1,000 of the population.	Legitimate.	Illegitimate.	TOTAL.	Birth-rate per 1,000 of the population.	Still-births.	Legitimate.	Illegitimate.	TOTAL.	Deaths of Infants under one year of age. per 1,000 births.
Ashford, East	113	13·0	166	16	182	20·9	4	5	1	6	33
Ashford, West	128	15·0	115	11	166	19·4	4	3	—	3	19
Bridge-Blean	206	11·8	314	25	339	19·4	10	6	1	7	21
Cranbrook	191	14·4	231	15	246	18·5	7	8	2	10	41
Dartford	353	10·2	683	38	721	20·8	13	32	1	33	46
Dover	118	14·2	177	11	188	22·6	8	9	1	10	54
Eastry	227	11·6	389	24	413	21·1	8	9	2	11	27
Elham	122	14·9	129	8	137	16·7	3	1	—	1	8
Hollingbourn	175	11·5	281	20	301	19·7	10	9	—	9	30
Maidstone	211	12·0	325	17	342	19·4	8	8	1	9	27
Malling	372	11·6	694	44	738	23·0	18	18	2	20	28
Romney Marsh	51	15·0	62	7	69	20·2	—	2	2	4	58
Sevenoaks... ..	380	12·5	552	48	600	19·7	11	14	2	16	27
Sheppey	96	11·7	173	11	184	22·4	4	7	—	7	39
Strood	214	12·1	364	23	387	21·8	3	8	1	9	24
Swale	219	12·5	367	21	388	22·0	8	17	1	18	47
Tenterden	82	12·7	109	10	119	18·4	3	4	—	4	34
Tonbridge	213	10·8	365	22	387	19·5	6	6	1	7	19
TOTALS IN RURAL DISTRICTS	3,471	12·1	5,536	371	5,907	20·6	128	166	18	184	32
TOTALS IN URBAN DISTRICTS	12,723	11·7	21,848	1,438	23,286	21·4	571	728	50	778	34
TOTALS IN COUNTY	16,194	11·8	27,384	1,809	29,193	21·2	699	894	68	962	33

TABLE 6.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the URBAN DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1946.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford U. ...	—	3	7	20	—	—	—	—	—	1	—	20	3	—	—	26	38	52	—	3	20	—
Beckenham B. ...	—	2	10	45	3	23	2	1	—	—	—	69	9	2	11	35	82	284	—	2	25	—
Bexley B. ...	—	7	27	101	2	14	3	1	—	—	2	108	11	—	15	37	59	358	—	7	33	2
Broadstairs and St. Peter's U. ...	—	7	4	7	—	—	—	—	—	—	—	11	3	—	4	12	23	73	—	7	7	—
Bromley B. ...	—	12	16	51	2	21	2	1	—	—	2	82	9	1	2	39	92	215	—	12	28	1
Chatham B. ...	—	2	16	26	—	4	2	1	—	—	—	75	9	5	—	27	52	568	—	2	10	—
Chislehurst & Sidcup U. ...	—	4	17	155	—	2	4	—	—	—	1	78	15	—	8	67	88	413	—	4	100	—
Crayford U. ...	—	—	—	14	—	7	—	1	—	—	3	35	5	—	—	24	76	179	—	—	4	—
Dartford B. ...	—	6	—	36	—	3	1	—	—	—	2	50	6	—	—	27	13	99	—	6	11	—
Deal B. ...	—	2	3	18	—	—	—	—	—	—	—	30	8	1	—	—	58	10	—	1	13	—
Dover B. ...	—	8	13	9	—	5	—	1	—	—	—	48	9	2	2	30	46	352	—	8	5	—
Erith B. ...	—	5	9	49	—	1	1	—	—	—	2	48	—	—	—	37	76	252	—	5	32	—
Faversham B. ...	—	3	2	3	—	—	—	—	—	—	—	8	2	1	—	2	31	136	—	3	2	—
Folkestone B. ...	—	20	9	46	—	5	—	1	—	—	—	45	12	1	2	36	42	306	—	20	43	—
Gillingham B. ...	—	2	10	33	—	3	1	—	—	—	2	88	26	—	—	35	137	429	—	2	10	—
Gravesend B. ...	—	4	10	27	—	2	1	—	—	—	2	45	7	2	1	3	13	35	—	4	14	—
Herne Bay U. ...	—	6	1	19	1	1	1	—	—	—	—	11	5	—	—	10	5	14	—	6	14	1
Hythe B. ...	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	3	—	—
Lydd B. ...	—	1	1	1	—	—	—	—	—	—	—	—	2	—	—	5	3	9	—	1	1	—
Maidstone B. ...	—	21	3	87	1	4	3	—	—	—	2	35	14	—	78	10	12	97	—	21	80	1
Margate B. ...	—	3	—	34	—	1	—	1	—	1	—	66	16	—	—	4	16	255	—	3	25	—
New Romney B. ...	—	—	3	—	—	—	—	—	—	—	1	—	2	—	—	1	5	1	—	—	—	—
Northfleet U. ...	—	—	5	10	—	2	—	—	—	—	2	21	2	—	—	7	22	7	—	—	2	—
Orpington U. ...	—	2	22	68	2	25	3	2	—	—	—	65	9	1	17	46	153	806	—	2	53	—
Penge U. ...	—	8	9	15	—	2	—	—	—	—	—	32	6	—	—	12	60	230	—	8	12	—
Queenborough B. ...	—	—	—	6	—	—	—	—	—	—	—	1	—	—	—	1	—	4	—	—	6	—
Ramsgate B. ...	—	9	5	34	—	1	3	1	—	—	1	44	4	—	—	20	64	170	—	9	15	—
Rochester C. ...	1	3	6	41	1	—	1	—	—	—	1	55	8	—	—	45	49	437	1	3	22	1
Sandwich B. ...	—	—	2	5	—	—	—	—	—	—	—	3	1	—	—	3	2	14	—	—	4	—
Sevenoaks U. ...	—	—	2	26	—	1	—	—	—	—	—	9	8	1	—	3	5	80	—	—	17	—
Sheerness U. ...	—	1	4	11	—	1	—	1	—	—	1	14	1	—	—	8	22	42	—	1	11	—
Sittingbourne & Milton U. ...	—	4	4	49	1	2	6	—	—	—	1	14	2	—	—	4	36	114	—	4	42	1
Southborough U. ...	—	—	—	12	—	2	—	—	—	—	—	10	2	—	—	—	14	12	—	—	7	—
Swanscombe U. ...	—	2	1	2	—	1	—	—	—	—	—	8	1	—	—	4	6	54	—	2	—	—
Tenterden B. ...	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	19	—	—	—	—	—
Tonbridge U. ...	—	1	7	20	—	5	—	1	—	—	—	14	4	1	7	33	79	170	—	1	16	—
Tunbridge Wells B. ...	—	8	14	46	—	6	1	1	—	—	2	27	3	—	4	14	75	41	—	8	40	—
Whitstable U. ...	—	2	12	7	2	—	1	—	—	—	—	12	7	—	—	31	40	151	—	2	4	1
TOTALS IN URBAN DISTRICTS ...	1	158	254	1136	15	144	36	14	—	2	27	1282	233	18	151	703	1613	6469	1	157	731	8

TABLE 7.—Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the RURAL DISTRICTS in the County of Kent, and the number of such Cases which were treated in Hospital, during the year 1946.

DISTRICT.	Small-pox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Pyrexia.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Poliioencephalitis.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Respiratory Tuberculosis.	Other forms of Tuberculosis.	Malaria.	Dysentery.	Pneumonia.	Whooping Cough.	Measles.	Cases removed to Hospital.			
																			Small-pox.	Diphtheria.	Scarlet Fever.	Enteric Fever.
Ashford, East ...	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	18	10	—	—	6	—
Ashford, West ...	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	3	9	20	—	—	3	—
Bridge-Blean ...	—	—	6	19	—	3	1	—	—	—	3	13	5	—	2	27	14	99	—	—	15	—
Cranbrook ...	—	—	4	29	—	3	—	—	—	—	—	12	—	—	29	22	40	140	—	—	27	—
Dartford ...	—	1	3	28	—	1	1	2	—	—	2	29	8	—	35	35	15	196	—	1	5	—
Dover ...	—	—	—	6	—	—	—	—	—	—	—	6	1	—	—	2	15	36	—	—	5	—
Eastry ...	—	3	6	7	—	—	—	1	—	—	—	8	4	—	—	12	20	225	—	3	7	—
Elham ...	—	—	—	4	—	—	—	1	1	—	—	—	—	—	—	1	17	58	—	—	2	—
Hollingbourn ...	—	1	3	14	—	—	1	—	—	—	—	14	12	—	—	1	—	95	—	1	10	—
Maidstone ...	—	1	—	14	—	—	2	—	—	—	—	12	7	—	—	14	30	43	—	1	13	—
Malling ...	—	7	3	31	1	5	1	1	—	—	1	34	13	3	21	22	43	72	—	7	10	—
Romney Marsh ...	—	—	3	11	—	—	—	—	—	—	—	—	6	—	—	6	4	20	—	—	9	—
Sevenoaks ...	—	2	10	48	1	1	1	—	—	—	—	33	3	1	2	28	90	103	—	2	27	—
Sheppey ...	—	1	6	4	—	—	—	1	—	—	—	10	1	—	—	25	6	16	—	1	4	—
Strood ...	—	1	1	28	—	—	2	—	—	—	—	20	3	—	—	6	10	45	—	1	15	—
Swale ...	—	2	3	29	—	—	3	1	1	—	—	12	6	—	5	13	42	111	—	2	25	—
Tenterden ...	—	—	6	3	—	—	—	—	—	—	—	2	2	—	3	3	9	29	—	—	3	—
Tonbridge ...	—	3	7	31	1	31	—	—	—	—	—	19	4	—	3	11	71	56	—	3	29	1
TOTALS IN RURAL DISTRICTS ...	—	22	61	316	3	52	7	7	—	—	6	224	75	4	100	231	453	1374	—	22	215	1
TOTALS IN URBAN DISTRICTS ...	1	158	254	1136	15	144	36	14	—	—	227	1282	233	18	151	703	1613	6469	1	157	731	8
TOTALS IN COUNTY	1	180	315	1452	18	196	43	21	—	—	233	1506	308	22	251	934	2066	7843	1	179	946	9
DEATHS, 1946—																						
Urban ...	—	8	?	2	1	6	8	?	?	?	—	502	79	?	?	472	14	5	—	—	—	—
Rural ...	—	2	?	—	—	4	3	?	?	?	—	105	24	?	?	141	1	—	—	—	—	—
County ...	—	10	?	2	1	10	11	?	?	?	—	607	103	?	?	613	15	5	—	—	—	—

TABLE 8.—Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1946.

DISTRICT	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis.	Acute Infectious Encephalitis.	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F)	Cancer of Stomach and Duodenum.	Cancer of Breast.	Cancer of all other sites.	Diabetes	Intercranial Vascular Lesions.	Heart Disease.	Other Diseases of Circulatory System.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, under two years of age.	Appendicitis.	Other Digestive Diseases.	Nephritis.	Puerperal and Post-Abortive Sepsis.	Other Maternal Causes.	Premature Birth.	Congenital Malformations, Birth Injury, Infant Disease.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.							
Ashford U.	—	—	—	—	12	1	2	4	—	—	—	4	9	4	38	1	36	92	6	15	9	4	6	1	3	8	6	—	—	8	8	4	1	2	1	2	18	302					
Beckenham B.	—	—	—	—	22	—	7	8	—	—	—	14	22	17	89	7	76	243	—	25	27	26	15	5	1	—	20	27	1	1	12	16	7	3	14	49	757						
Bexley B.	—	—	1	—	36	5	3	3	—	—	—	15	28	15	83	4	89	178	3	22	34	35	11	15	6	—	3	22	1	2	16	19	4	9	11	51	734						
Broadstairs and St. Peter's U.	...	—	—	—	—	4	—	—	5	—	—	—	3	3	7	22	—	21	51	—	5	8	8	4	1	—	—	—	—	—	3	6	4	—	—	4	8	177						
Bromley B.	—	—	1	—	20	3	2	8	—	—	—	8	14	17	73	5	74	178	—	16	34	19	16	8	1	—	19	8	—	1	14	14	3	10	12	76	656						
Chatham B.	—	—	1	—	36	5	1	2	—	—	1	7	13	6	51	1	48	164	—	9	22	23	7	2	4	—	9	13	—	1	5	13	5	4	6	29	485						
Chislehurst and Sidcup U.	...	—	—	—	—	23	5	4	17	—	—	—	9	14	6	64	3	55	194	5	23	25	32	10	6	4	—	10	17	1	—	14	23	4	10	15	45	638						
Crayford U.	—	—	1	—	10	4	2	3	—	—	—	6	5	3	27	1	23	72	4	15	11	11	4	5	—	4	7	2	—	6	13	—	4	2	23	249							
Dartford B.	—	—	1	2	25	—	2	2	—	—	—	5	13	8	27	1	34	112	13	20	19	19	4	3	2	—	9	9	—	1	5	11	3	1	6	27	369						
Deal B.	—	—	2	—	10	8	3	12	—	—	—	3	4	23	31	2	28	68	9	8	12	3	5	1	2	—	1	13	—	6	10	3	1	4	25	276							
Dover B.	—	—	—	—	17	3	4	3	—	—	—	10	11	8	31	1	41	119	8	21	22	5	7	2	—	1	7	9	—	1	4	11	2	2	1	32	378						
Erith B.	—	—	—	—	24	4	5	3	—	—	—	9	16	8	55	4	49	127	9	21	27	5	5	5	3	—	12	6	—	6	13	6	2	2	4	28	449						
Faversham B.	—	—	—	—	3	2	1	4	—	—	—	4	3	5	13	1	26	42	5	8	2	2	2	2	2	—	4	4	1	—	3	6	—	4	1	14	160						
Folkestone B.	—	—	—	—	14	5	8	6	—	—	—	6	10	9	35	2	61	139	13	17	12	8	8	2	—	1	14	11	—	4	6	2	4	4	11	35	439						
Gillingham B.	—	—	1	—	38	7	1	5	1	—	—	12	16	15	75	2	61	236	24	44	26	7	4	4	6	—	17	17	—	1	18	16	11	3	17	51	742						
Gravesend B.	—	—	—	—	16	2	4	6	—	—	—	5	11	8	42	—	64	109	15	25	12	4	7	4	6	—	12	12	—	1	4	9	5	14	43	437							
Herne Bay U.	—	—	—	—	16	2	—	4	—	—	—	2	7	6	39	3	37	102	8	15	7	8	2	2	—	—	—	3	14	—	1	2	3	1	4	24	314						
Hythe B.	—	—	1	—	6	—	1	1	—	—	—	—	4	4	16	2	15	37	2	5	5	2	1	—	—	—	3	3	—	1	4	—	—	2	4	4	123						
Lydd B.	—	—	—	—	—	—	—	—	—	—	—	1	10	1	2	—	2	10	1	2	—	—	—	—	—	—	1	1	—	1	1	1	2	1	1	2	28						
Maidstone B.	—	—	—	—	30	4	—	4	—	—	—	6	13	10	54	7	82	161	20	38	16	9	3	5	1	—	7	16	—	1	7	14	5	8	13	40	576						
Margate B.	—	—	—	—	12	3	1	1	1	—	1	3	18	8	77	1	63	117	10	22	9	3	—	4	—	—	6	13	—	1	8	18	7	—	—	8	35	455					
New Romney B.	—	—	—	—	13	—	—	1	—	—	—	1	7	6	27	—	16	38	7	15	5	—	—	—	—	—	2	5	—	—	4	6	—	—	1	7	24	195					
Northfleet U.	—	—	1	—	11	3	3	4	—	—	—	11	10	10	63	1	66	151	17	17	20	7	6	2	2	—	9	9	—	1	14	17	4	2	8	62	531						
Orpington U.	—	—	—	—	9	1	2	2	—	—	—	7	7	10	28	3	28	89	13	18	15	4	5	1	—	1	3	7	5	5	4	—	3	5	28	299							
Penge U.	—	—	—	—	3	—	2	—	—	—	—	—	2	6	2	—	4	9	9	1	3	—	—	—	—	—	2	—	—	—	8	6	—	—	—	—	31	31					
Queenborough B.	—	—	1	—	18	3	2	6	—	—	—	3	8	6	41	7	66	122	7	31	11	2	6	2	2	—	5	12	—	—	8	6	7	1	17	34	433						
Ramsgate B.	—	—	—	—	23	2	2	3	—	—	—	13	11	10	38	4	33	151	14	14	14	8	6	5	1	—	3	11	—	2	5	15	3	2	9	42	444						
Rochester C.	—	—	—	—	2	—	1	1	—	—	—	3	—	8	7	—	8	16	1	1	1	1	1	1	—	—	2	2	—	—	—	—	—	—	—	—	5	53					
Sandwich B.	—	—	—	—	5	—	—	1	—	—	—	2	4	8	22	—	25	45	10	10	1	2	—	1	1	—	2	4	—	—	—	—	—	—	—	—	1	25	173				
Sevenoaks U.	—	—	—	—	7	—	1	4	—	—	—	5	1	5	16	—	18	62	2	7	6	1	2	7	2	—	2	9	—	—	2	11	2	2	1	—	18	183					
Sheerness U.	—	—	—	—	9	1	2	—	—	—	—	3	6	5	28	2	17	75	7	13	11	2	2	7	2	—	9	2	—	—	2	2	2	2	1	8	13	230					
Sittingbourne and Milton U.	...	—	—	1	—	4	—	—	1	—	—	—	1	4	4	10	1	15	44	10	5	3	5	2	1	1	—	3	2	—	—	2	2	2	2	3	1	6	128					
Southborough U.	—	—	2	—	4	1	—	1	—	—	—	1	1	3	9	—	10	21	—	—	3	5	1	—	—	—	1	2	—	—	2	2	4	4	3	1	4	77	128				
Swanscombe U.	—	—	—	—	—	2	—	1	2	—	—	—	1	1	6	—	8	13	1	1	3	5	1	—	—	—	1	2	—	—	—	—	—	—	—	—	—	5	53				
Tenterden B.	—	—	—	—	4	1	—	1	—	—	—	—	1	1	9	—	10	21	—	—	3	5	1	—	—	—	2	2	—	—	—	—	—	—	—	—	—	1	1	1	1	5	240
Tonbridge U.	—	—	—	—	—	2	—	1	—	—	—	—	5	1	24	3	40	63	7	9	7	2	2	—	2	—	1	6	11	—	2	10	6	2	5	19	240						
Tunbridge Wells B.	—	—	—	—	7	3	2	8	—	—	—	11	12	10	72	4	98	175	29	25	28	10	—	6	19	—	—	10	14	—	6	6	4	3	12	49	623						
Whitstable U.	—	—	—	—	5	1	1	3	—	—	—	5	5	2	36	4	26	86	7	10	5	5	—	—	—	—	7	16	—	—	2	9	1	2	9	20	267						
TOTAL -URBAN.	...	8	2	14	8	502	79	68	139	5	—	4	200	317	249	1367	77	1465	3718	380	609	472	167	145	79	41	264	334	6	17	202	330	106	96	238	1014	12723							

TABLE 9.—Showing causes of deaths in the RURAL DISTRICTS of Kent during the year 1946.

DISTRICT.	Typhoid and Paratyphoid Fevers.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis.	Acute Infectious Encephalitis.	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F).	Cancer of Stomach and Duodenum.	Cancer of Breast.	Cancer of all other sites.	Diabetes	Intracranial Vascular Lesions.	Heart Disease.	Other Diseases of Circulatory System.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, under two years of age.	Appendicitis.	Other Digestive Diseases.	Nephritis.	Puerperal and Post-Abortive Sepsis.	Other Maternal Causes.	Premature Birth.	Congenital Malformations, Birth Injury, Infant Disease.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.				
Ashford, East	—	—	—	—	3	—	—	1	—	—	—	1	4	3	10	1	11	38	5	4	6	1	1	1	—	—	2	—	—	—	3	1	1	—	6	11	113			
Ashford, West	—	—	—	—	1	—	—	—	—	—	—	4	4	4	10	—	12	49	1	6	9	3	3	—	—	—	—	—	—	—	—	—	2	1	3	3	1	10	128	
Bridge-Blean ...	—	—	—	—	6	2	2	3	—	—	—	1	8	2	21	1	25	64	3	8	9	9	3	3	3	3	1	8	2	2	—	—	—	7	4	1	1	22	206	
Cranbrook	—	—	—	—	3	1	1	2	—	—	—	1	4	2	17	1	17	60	8	8	4	4	3	3	3	3	1	9	2	2	—	—	—	2	4	8	21	191		
Dartford	—	—	—	—	13	3	1	1	—	—	—	12	6	6	27	1	42	106	11	15	12	13	2	2	4	1	1	6	—	—	10	16	4	4	5	29	353			
Dover ...	—	—	—	—	9	3	1	1	—	—	—	3	5	3	8	2	15	29	2	6	3	3	3	5	—	—	—	—	—	—	1	6	1	2	4	2	118			
Eastry	—	—	—	—	8	2	3	3	—	—	1	2	5	3	14	2	22	69	6	11	13	2	3	3	5	—	—	—	—	—	2	4	3	4	4	24	227			
Elham	—	—	—	—	3	—	—	5	—	—	—	3	1	3	24	—	14	32	2	2	2	6	3	2	—	—	—	—	—	—	—	1	1	3	2	15	122			
Hollingbourn	—	—	—	—	4	5	1	5	—	—	—	3	4	2	16	2	27	39	7	4	6	2	3	2	3	1	2	6	—	—	2	2	5	4	2	16	175			
Maidstone	—	—	—	—	5	—	—	2	—	—	—	5	6	2	13	1	32	63	7	14	9	2	2	1	1	—	4	4	—	—	1	2	6	1	5	3	21	211		
Malling	—	—	1	1	15	4	2	6	—	—	—	5	10	9	46	3	52	86	12	16	17	3	3	6	1	1	10	12	—	—	6	6	6	3	9	24	372			
Romney Marsh	—	—	—	1	1	2	1	1	—	—	—	1	1	—	5	1	7	10	1	4	1	1	—	—	—	—	—	—	—	—	1	5	6	3	2	6	51	380		
Sevenoaks	—	—	—	1	14	2	1	2	—	—	—	9	7	6	35	3	58	112	16	23	13	1	1	5	—	—	2	6	9	1	—	5	6	3	7	25	96	8	23	214
Sheppey	—	—	—	—	1	1	2	2	—	—	—	2	2	2	22	2	29	61	5	8	4	6	3	—	—	—	2	2	8	1	—	3	2	1	2	5	17	219		
Strood	—	—	—	—	2	1	—	3	—	—	—	5	7	4	17	2	21	80	2	12	12	1	3	3	1	1	1	2	4	—	4	10	2	1	2	2	17	82	213	
Swale	—	—	—	—	8	1	—	1	—	—	—	2	6	—	10	1	8	25	3	4	7	—	2	2	2	2	—	—	—	—	1	1	1	1	1	7	213			
Tenterden	—	—	—	—	2	1	—	1	—	—	—	2	3	3	24	—	20	65	6	11	5	4	—	2	—	—	—	—	—	—	1	1	3	6	7	23	213			
Tonbridge	—	—	—	—	7	—	—	1	—	—	—	2	4	3	24	—	20	65	6	11	5	5	—	2	—	—	—	—	—	—	1	1	3	6	7	23	213			
TOTALS IN RURAL DISTRICTS	—	3	1	2	105	24	15	34	—	—	1	55	93	54	325	24	416	1031	100	158	141	33	42	19	13	83	101	4	6	44	80	38	43	71	307	3471				
TOTALS IN URBAN DISTRICTS	1	8	14	8	502	79	68	139	5	—	4	200	317	249	1367	77	1465	3718	380	609	472	167	145	79	41	264	334	6	17	202	330	106	96	238	1014	12723				
TOTALS IN COUNTY	1	11	15	10	607	103	83	173	5	—	5	255	410	303	1692	101	1881	4749	480	767	613	205	187	98	54	347	435	10	23	246	410	144	139	309	1321	16194				

Age.	Sex.	All Causes.	Typhoid and Paratyphoid Fevers.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Poliomyelitis and Encephalitis	Acute Infectious Nephritis	Cancer of Buccal Cavity and Oesophagus (M) & Uterus (F)	Cancer of Stomach and Duodenum.	Cancer of Breast	Cancer—all other sites	Diabetes.	Intercranial Vascular Lesions	Heart Disease.	Other Diseases of Circulatory System	Bronchitis.	Pneumonia	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum	Diarrhoea, under two years of age	Appendicitis.	Other Digestive Diseases.	Nephritis	Puerperal and Post-Abortive Sepsis	Other Maternal Causes	Premature Birth	Congenital Malformations, Birth Injury, Infant Diseases.	Suicide.	Road Traffic Accidents	Other Violent Causes	All Other Causes			
AGGREGATE URBAN DISTRICTS.	Under 1 year ...	M. 437	—	1	—	4	1	1	2	3	2	—	—	—	—	—	—	—	—	—	—	—	7	50	2	—	—	48	—	9	—	—	—	110	173	—	—	11	13		
	1 year and under 5 years ...	F. 341	—	—	—	5	1	—	4	—	3	1	—	—	—	—	—	—	—	—	—	10	42	3	1	—	—	27	—	5	—	—	—	92	123	—	—	10	13		
	5 years and under 15 years	M. 68	—	2	—	2	3	1	10	—	3	2	—	—	—	—	—	—	—	—	—	—	1	8	—	—	—	4	3	1	—	—	—	—	—	—	4	8	9		
	15 years and under 45 years	F. 43	—	—	1	3	1	1	6	—	—	—	—	—	—	—	—	—	2	—	—	—	—	12	2	—	—	—	2	2	3	—	—	—	—	3	1	15	7	9	
	45 years and under 65 years	M. 67	—	—	—	—	—	4	6	1	—	1	—	—	—	—	—	—	1	—	—	—	—	4	1	—	—	—	6	1	3	—	—	—	—	—	3	2	5		
	65 years and over ...	F. 41	—	1	1	—	—	3	8	—	—	—	—	—	1	—	—	—	—	1	2	4	—	—	2	—	—	—	—	1	1	3	—	—	—	5	19	25	32	40	
	Under 1 year ...	M. 514	—	1	—	—	1	150	17	1	9	—	—	—	1	—	7	—	38	4	12	44	10	13	13	13	15	—	—	12	26	—	—	—	—	6	14	2	11	57	
	1 year and under 5 years	F. 488	—	1	—	—	1	145	15	1	7	1	—	—	—	5	9	25	40	4	14	40	8	6	10	3	1	—	—	14	19	6	17	—	—	—	7	20	19	29	91
	5 years and under 15 years	M. 1604	1	2	—	—	—	117	6	31	21	—	—	—	1	35	70	—	272	233	7	124	361	40	101	54	36	63	—	3	36	57	—	—	—	—	3	23	7	11	88
	15 years and over ...	F. 1235	—	—	—	—	—	36	—	6	11	—	—	2	49	39	114	432	432	15	490	1336	123	239	127	49	32	—	—	10	33	41	—	—	—	—	1	15	11	42	314
65 years and over ...	M. 3669	—	—	—	—	—	35	2	18	38	—	—	—	62	95	—	110	347	33	674	1712	167	194	108	37	16	—	—	5	63	95	—	—	—	—	—	14	9	72	338	
Under 1 year ...	F. 4216	—	—	—	—	—	—	9	3	7	45	—	—	—	49	97	110	347	33	674	1712	167	194	108	37	16	—	—	2	84	89	—	—	—	—	—	—	—	—	—	—
All Ages—Urban ...	M. 6,359	1	6	—	6	5	308	43	54	73	3	—	—	2	97	172	—	744	28	626	1742	173	362	256	101	110	52	22	125	182	—	—	110	192	55	74	129	506			
Under 1 year ...	F. 6,304	—	2	2	8	3	194	36	14	66	2	—	—	2	103	145	249	623	49	839	1976	207	247	216	66	35	27	19	139	152	6	17	92	138	51	22	109	508			
AGGREGATE RURAL DISTRICTS.	Under 1 year ...	M. 99	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	3	15	1	—	—	8	—	3	—	—	—	20	42	—	—	1	4		
	1 year and under 5 years ...	F. 85	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	1	—	—	—	—	1	10	—	—	—	—	11	—	—	—	—	—	24	31	—	—	1	3	
	5 years and under 15 years	M. 16	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	5	1	
	15 years and under 45 years	F. 16	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	1	4	1	
	45 years and under 65 years ...	M. 14	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	3	
	65 years and over ...	F. 9	—	1	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2		
	Under 1 year ...	M. 122	—	1	—	—	—	25	1	—	2	—	—	—	—	—	—	9	—	2	2	8	—	—	3	4	6	—	—	2	6	5	—	—	—	—	8	11	11	15	
	1 year and under 5 years	F. 126	—	—	—	—	2	27	3	1	2	—	—	1	3	1	7	8	—	—	—	—	2	7	1	—	—	—	—	—	2	6	1	4	—	—	—	4	1	4	21
	5 years and under 15 years	M. 403	—	—	—	—	—	30	3	7	3	—	—	—	4	23	18	55	—	2	24	88	10	21	17	13	19	—	—	9	13	—	—	5	—	—	12	11	6	33	
	45 years and under 65 years ...	F. 307	—	—	—	—	—	9	4	3	3	—	—	—	—	10	7	7	50	3	48	64	7	6	5	2	—	—	—	13	13	—	—	1	—	—	6	2	27		
65 years and over ...	M. 1,130	—	—	—	—	—	6	1	3	10	—	—	—	18	29	29	107	95	5	149	432	38	54	45	6	13	—	—	20	48	—	—	—	—	—	5	15	17	107		
Under 1 year ...	F. 1,144	—	—	—	—	—	7	—	2	12	—	—	—	—	20	32	29	95	12	190	430	45	69	34	7	2	—	3	24	21	—	—	—	—	—	3	1	16	90		
All Ages—Rural ...	M. 1,784	—	2	—	—	—	—	61	9	10	16	—	—	—	22	53	—	171	9	175	528	48	82	83	24	38	—	—	6	39	66	—	—	20	44	25	39	43	163		
Under 1 year ...	F. 1,687	—	1	—	1	—	2	44	15	5	18	—	—	1	33	40	54	154	15	241	503	52	76	58	14	4	—	—	7	44	35	4	6	24	36	13	4	28	144		

